


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000022610	
1. Entity Name SHV MANAGEMENT ENTERPRISES, LLC	

Principal Place of Business 2913 WESTSIDE BOULEVARD JACKSONVILLE, FL 32209	Mailing Address 2913 WESTSIDE BOULEVARD JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 80-0021287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, PA
 50 NORTH LAURA STREET, SUITE 2750
 JACKSONVILLE, FL 32202

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75


U000000938836
 05/28/08-80003-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKERS, EDGAR B TRUSTEE 2913 WESTSIDE BLVD JACKSONVILLE, FL 32209
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/29/08 904-764-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EDGAR B. VICKERS