

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 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



03222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
80-0021287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VICKERS, EDGAR B TRUSTEE
2913 WESTSIDE BLVD
JACKSONVILLE, FL 32209

TITLE
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000001488381
04/17/06-80004-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

EDGAR B. VICKERS, TRUSTEE

3-24-06

904-764-6544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #