


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90047 033 ****50.00

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 80-0021287	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name BRANT ABRAHAM REITER MCCORMICK & GREENE, P.A.
Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET
SUITE 2750
City JACKSONVILLE
FL Zip Code 32202

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 <i>Jan D. McCormick, VP</i> Signature, typed or printed name of registered agent and title if applicable	JAN D. MCCORMICK, VP (NOTE: Registered Agent signature required when reinstating)	4/24/07 DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKERS, EDGAR B TRUSTEE 2913 WESTSIDE BLVD JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Edgar B. Vickers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	EDGAR B. VICKERS 4/26/07 904-764-6541 Date Daytime Phone #