

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020850**

1. Entity Name  
**SV&T INVESTMENTS, LLC**



Principal Place of Business  
**1595 OLD DIXIE HIGHWAY  
VERO BEACH, FL 32960**

Mailing Address  
**915 11TH CT  
VERO BEACH, FL 32960**



02292004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1643926</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145**

**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 title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000147891  
05/03/04-80121-017 150.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TERRELL, MICHAEL L
STREET ADDRESS	915 11TH CT
CITY-ST-ZIP	VERO BEACH, FL 32960

TITLE	MGR
NAME	SVELLING, KRIS
STREET ADDRESS	13550 OLD DIXIE HWY
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

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

DAY

Daytime Phone #

3/10/04 772 473 4925