



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000029782</b>		
1. Entity Name <b>SAVION MANAGEMENT, LLC</b>		
Principal Place of Business <b>766 SE 5TH AVENUE DELRAY BEACH, FL 33483</b>	Mailing Address <b>766 SE 5TH AVENUE DELRAY BEACH, FL 33483</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ABBO, MAYER S 766 SE 5TH AVENUE DELRAY BEACH, FL 33483</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABBO, MAYER S 766 SE 5TH AVENUE DELRAY BEACH, FL 33483	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MERENFELD, MIRIAM 766 SE 5TH AVENUE DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: 		Date: <b>1/24/06</b> Daytime Phone #: <b>561 243 3352</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**06-1660861**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U000000404405  
02/06/06-80045-013 50.00