


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000029782 1. Entity Name SAVION MANAGEMENT, LLC	
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Principal Place of Business 766 SE 5TH AVENUE DELRAY BEACH, FL 33483	Mailing Address 766 SE 5TH AVENUE DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1660861	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

**QRTIZ, MICHAEL ESQ
2121 PONCE DE LEON BLVD #330
CORAL GABLES, FL 33134**

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

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

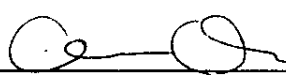
U000000882714
04/16/08-80051-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABBO, MAYER S 766 SE 5TH AVENUE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERENFELD, ISACK 766 SE 5TH AVENUE DELRAY BEACH, FL 33483
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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:  **Michael Ortiz** *Authorized Representative* **3/12/08 305 470 5270**

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