2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2008 8:00 am Secretary of State

DOCUMENT # L03000020587 1. Entity Name SVV INVESTMENTS, LLC						90042 013 ***138.		
Principal Place o	of Business	Mailing Address	<u></u>		:			
1901 BRICKELL	L AVENUE	520 BRICKELL KEY DRIVE		İ				
401 MIAMI, FL 33129		0-305 Miami, Fl. 33131						
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Principal Place of Business - No P.Ö. Box # Suite, Apt. #, etc.		1901 BRICKELLAVE		E				
Suite, Apt. #,	etc.	ASuite, Apt. #, etc.			02042008	Chg-LLC	CR2E083 (12/06)	
City & State		Crami FL			4. FEI Number 56-2370			oplied For ot Applicable
Zip	Country	Zip 33129 1	Coyleting		5. Certificate of	of Status Desired	S5.00 Add	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of New I	Registered Agent	
TD441001 01	DAL OODDODATE ADMINIO	EDATION IIIO	Name	JV.	mhs	Star	WILL	
520 BRICKE	BAL CORPORATE ADMINIST ELL KEY DR	TRATION, LLC	Street A	dølgss-(E		r is Not Acceptab	le) k	
SUITE O-305	5		\	-0 V	NO N	icen	ALVE	
MIAMI, FL 33131			City	PT	401		Fi Øn-Bed	1 . (
<u> </u>					LMI	in the State of E	FL 333	124
8. The above named entity submits this setement 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								
Sig	gnature, typed or printed name of registered agent ar	nd title if opplicable. (NOTE: Re	gistered Agent signatu	re required t	when reinstating)		DATE	
		_			1	phinter that	Allateta, Carl i e - Portegration I i and	Lagar September 1
	NOW!!! FEE IS \$138.75 I, 2008 Fee will be \$538.75	_				Ma	ke check payable to la Department of State	Contraction of the contraction o
After May 1	, 2008 Fee will be \$538.75 MANAGING MEMBER	_	10.			Mal Florid	ke check payable to la Department of State C/CHANGES	
After May 1 9. TITLE M	I, 2008 Fee will be \$538.75 MANAGING MEMBER MGR	RS/MANAGERS	TITLE			Mal Florid	ke check payable to la Department of State	Addition
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indicated on this report is true and accurate and that iming does not quality 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:

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING WIND

Nicholas Stanham

214/08

305-374-380