

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-22-2008 90042 013 ***138.75

DOCUMENT # L03000020587 1. Entity Name SVV INVESTMENTS, LLC					
Principal Place of Business 1901 BRICKELL AVENUE 401 MIAMI, FL 33129			Mailing Address 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 1901 Brickell Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. Apt 401		
City & State 			City & State Miami FL		
Zip 		Country 		Zip 33129	
Country 		Country USA		4. FEI Number 56-2370273	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Nicholas Stanham Street Address (P.O. Box Number is Not Acceptable) 1901 Brickell Ave Apt 401 City Miami FL 33129		
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 			DATE 2/4/08		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STANHAM, NICHOLAS 1901 BRICKELL AVENUE, #401 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARIA EUGENIA VILAR DEL VALLE 1901 BRICKELL AVENUE, #401 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 2/4/08 DAYTIME PHONE # 305-374-3800		