2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
04-14-2004 90282 043 ****55.00

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04122004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000023639

1. Entity Name
SVM LLC

Principal Place of Business	Mailing Address
5019 EXETER DRIVE FT. WAYNE, IN 46815 US	5019 EXETER DRIVE FT. WAYNE, IN 46815 US

2. Principal Place of Business	3. Mailing Address
	12481 W. Foss Grove Path
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: INGLIS, FLORIDA
Zip / Country	Zip: 34449 Country: USA

4. FEI Number 33-1064282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAUGHN, RICHARD L 12481 W. FOSS GROVE PATH INGLIS, FL 34449	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Richard L. Vaughn — April 13, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, WILLIAM F 5019 EXETER DRIVE FT. WAYNE, IN 46815	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHN, RICHARD L 12481 W FOSS GROVE PATH INGLIS, FL 34449	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] — April 13, 2004 — 352-447-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #