FILED
Apr 26, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023639

1. Entity Name
SVM LLC

Principal Place of Business	Mailing Address
5019 EXETER DRIVE FT. WAYNE, IN 46815 US	124814 W. FOSS GROVE PATH INGLIS, FL 34449 US

04112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

VAUGHN, RICHARD L
12481 W. FOSS GROVE PATH
INGLIS, FL 34449

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SULLIVAN, WILLIAM F
STREET ADDRESS	5019 EXETER DRIVE
CITY-ST-ZIP	FT. WAYNE, IN 46815
TITLE	MGR
NAME	VAUGHN, RICHARD L
STREET ADDRESS	12481 W FOSS GROVE PATH
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000331941
04/26/05-80037-014 50.00

DO NOT WRITE IN THIS SPACE

1. 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: William F. Sullivan 4-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #