

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000054491

1. Entity Name  
SAVION, LLC



Principal Place of Business  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 US

Mailing Address  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 09, 2007 8:00 am  
Secretary of State**

04-09-2007 90353 045 \*\*\*\*50.00

60034256



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3145640	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERENFELD, ISACK  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**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

(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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABBO, MAYER S
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	MGRM
NAME	MERENFELD, ISACK
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483

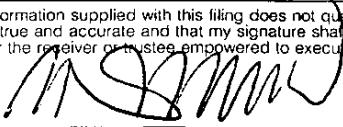
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 

01-23-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #