
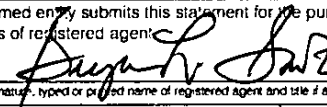
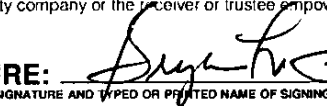


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90066 014 \*\*\*\*50.00

<b>DOCUMENT # L04000040138</b> 1. Entity Name SV HOLDINGS AND CHARTERS, LLC					
Principal Place of Business 1826 PLUMBAGO LANE NAPLES, FL 34105			Mailing Address 1826 PLUMBAGO LANE NAPLES, FL 34105		
2. Principal Place of Business 3275 GREEN DOLPHIN LN Suite, Apt. #, etc.		3. Mailing Address 3275 GREEN DOLPHIN LN Suite, Apt. #, etc.			
City & State NAPLES, FL Zip 34102-7917		City & State NAPLES, FL Zip 34102-7917		4. FEI Number 20-1171830	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  VICKER, KERRY 1826 PLUMBAGO LANE NAPLES, FL 34105			7. Name and Address of New Registered Agent Name SMITH, BRYAN L. Street Address (P.O. Box Number is Not Acceptable) 3275 GREEN DOLPHIN LN City NAPLES FL Zip Code 34102-7917		
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  BRYAN L. SMITH, MGR 08/08/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICKER, KERRY 1826 PLUMBAGO LANE NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICKER, KERRY 3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRYAN L 1826 PLUMBAGO LANE NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3275 GREEN DOLPHIN LN NAPLES, FL 34102-7917
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  BRYAN L. SMITH, MGR 08/08/05 239-434-6131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					