

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90226 050 \*\*\*\*50.00

**20002126**



01192006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000040138</b>					
1. Entity Name SV HOLDINGS AND CHARTERS, LLC					
Principal Place of Business 3275 GREEN DOLPHIN LANE NAPLES, FL 34102			Mailing Address 3275 GREEN DOLPHIN LANE NAPLES, FL 34102		
2. Principal Place of Business <b>2318 SILVER PALM PLACE</b>		3. Mailing Address <b>2318 SILVER PALM PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number 20-1171830	
Zip <b>34105-3043</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  SMITH, BRYAN L 3275 GREEN DOLPHIN LANE NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2318 SILVER PALM PLACE</b> City <b>NAPLES</b> FL Zip Code <b>34105-3043</b>		
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 <u><i>Bryan L. Smith</i></u> <b>BRYAN L. SMITH, MGR</b> <u>01/19/06</u> <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 May 1, 2006		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 3275 GREEN DOLPHIN LANE NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2318 SILVER PALM PLACE NAPLES, FL 34105-3043</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRYAN L 3275 GREEN DOLPHIN LANE NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2318 SILVER PALM PLACE NAPLES, FL 34105-3043</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Bryan L. Smith</i></u> <b>BRYAN L. SMITH, MGR</b> <u>01/19/06</u> <u>(239) 434-6131</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					