


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90079 044 ****50.00

DOCUMENT # L04000048683

1. Entity Name
SYLVIA VICTOR ENTERPRISES, LLC



Principal Place of Business
**6303 WHITE OAK LANE
 TAMARAC, FL 33319**

Mailing Address
**6303 WHITE OAK LANE
 TAMARAC, FL 33319**

2. Principal Place of Business
**4990 NW 191 PL
 Suite, Apt. #, etc. P.O. BOX 788**

3. Mailing Address
**4990 NW 191 PL
 Suite, Apt. #, etc. P.O. BOX 788**


City & State
ORANGE LAKE FL

City & State
ORANGE LAKE FL

Zip
32681

Country
marion

00004300



01132005 Chg:LLC CR2E083(10/03)

4. FEI Number
20-1319388

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GIOVANNI, SYLVIA
 6303 WHITE OAK LANE
 TAMARAC, FL 33319**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4990 NW 191 PL P.O. BOX 788

City
ORANGE LAKE FL

Zip Code
32681

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.

Sylvia Giovanni

SIGNATURE MGR 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIOVANNI, SYLVIA 6303 WHITE OAK LANE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4990 NW 191 PL P.O. BOX 788 ORANGE LAKE FL 32681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, ALEXANDER V 6303 WHITE OAK LANE TAMARAC, FL 33319 <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
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 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: Sylvia Giovanni *Sylvia Giovanni MGR*

Date **1-23-05** Daytime Phone # **954 673-4191**

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