2006 LIMITED LIABILITY COMPANY ANNUAL REPORT_

FILED May 01, 2006 08:00 AM Secretary of State **DOCUMENT # L04000081874** 1. Entity Name SVM DEVELOPMENT, LLC Principal Place of Business Mailing Address 151 REGIONS WAY 151 REGIONS WAY SUITE 1-C SUITE 1-C DESTIN, FL 32541 DESTIN, FL 32541 01032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1866438 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLEAT, DAVID B DO NOT WRITE 4477 LEGENDARY DRIVE SUITE 202 IN THIS SPACE DESTIN, FL 32541 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 it applicable (NOTE, flegistered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM RILE HEWITT, MICHAEL B NAME 151 REGIONS WAY, SUITE 1-C STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 U00000547187 TITLE 05/12/06-80014-005 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-77P TITLE SMAN STREET ADDRESS CITY-ST-ZIP BILLE

11. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily 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 508, Florida Statutes.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP