### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

#### **DOCUMENT # L04000081874**

1. Entity Name
SVM DEVELOPMENT, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

151 REGIONS WAY SUITE 1-C DESTIN, FL 32541 Mailing Address

151 REGIONS WAY Suite 1-C

DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1866438 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

PLEAT, DAVID 8 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	inging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	OATE
Filing Fee is \$50.00 Due by May 1, 2007		
MANAGING MEMBERS (MANAGERS		

#### MGRM TITLE NAME HEWITT, MICHAEL B STREET ADDRESS 151 REGIONS WAY, SUITE 1-C CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS COTY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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U00000743799 05/15/07-80123-021 50.00

11. I hereby certify that the information supplied with this fling 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 receives or rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

2-26-07

850.650-8743

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