

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082367

Entity Name: SVIP, LLC

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

475 CENTRAL AVENUE
KRESS BUILDING, SUITE M-4
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

475 CENTRAL AVENUE
KRESS BUILDING, SUITE M-4
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-0990241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LODER, JOHN W
475 CENTRAL AVENUE
KRESS BUILDING, SUITE M-4
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

BERNSTEIN, DAVID S
150 SECOND AVENUE NORTH
17TH FLOOR
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: DAVID S. BERNSTEIN

03/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LODER, JOHN
Address: 475 CENTRAL AVENUE, SUITE M-4
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM () Change (X) Addition
Name: GIANFILIPPO, STEVEN M
Address: 475 CENTRAL AVENUE, SUITE M-4
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN LODER

MGRM

03/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date