
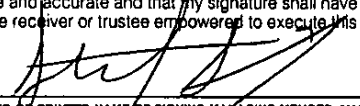


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 038 ****50.00

DOCUMENT # L05000002135					
1. Entity Name SV LLC					
Principal Place of Business 1627 S.W. 37TH AVENUE, APT. #401 MIAMI, FL 33145			Mailing Address 1627 S.W. 37TH AVENUE, APT. #401 MIAMI, FL 33145		
2. Principal Place of Business 7800 NW St.		3. Mailing Address			
Suite, Apt. #, etc. #15		Suite, Apt. #, etc.			
City & State Doral, FL		City & State			
Zip 33122		Country Miami-Dade		Zip	
				Country	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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 SIRAGUSA, STEFANO 1627 S.W. 37TH AVENUE, APT. #401 MIAMI, FL 33145 <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
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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: 				Date: 03/07/06 Phone: 305-592-1166	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					