2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033422

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

SIGNATURE: DONNA GUNISS

SEATON, EDITH

4848 NW 7TH CT

MOORE AUDREY

4848 NW 7TH CT

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PLANTATION, FL 333171412

PLANTATION, FL 333171412

Entity Name: SAVVY VII INVESTMENT GROUP, LLC

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4848 NW 7TH CT PLANTATION, FL 333171412 **Current Mailing Address: New Mailing Address:** 4848 NW 7TH CT PLANTATION, FL 333171412 FEI Number: 14-1926826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUNISS, DONNA 4848 NW 7TH CT PLANTATION, FL 333171412 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DUNN, LAURETTE Name: Name: 4848 NW 7TH CT Address: Address: City-St-Zip: PLANTATION, FL 333171412 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GORDON, FLAVIA Name: Name: Address: 4848 NW 7TH CT Address: City-St-Zip: PLANTATION, FL 333171412 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCCLEAN, GWYNETHA Name: Name: Address: 4848 NW 7TH CT Address: City-St-Zip: PLANTATION, FL 333171412 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GUNISS, DONNA Name: Address: 4848 NW 7TH CT Address: City-St-Zip: PLANTATION, FL 333171412 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

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Address:

City-St-Zip:

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04/25/2006

of the receiver of trustee empowered to execute this report as required by chapter coo, i fordat chatters.