

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068822

FILED
Apr 12, 2006
Secretary of State

Entity Name: SBV DEVELOPMENT, LLC

Current Principal Place of Business:

2504 WOODGATE BLVD
SUITE 205
ORLANDO, FL 32822

New Principal Place of Business:

2505 NE 13TH COURT
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2504 WOODGATE BLVD
SUITE 205
ORLANDO, FL 32822

New Mailing Address:

2505 NE 13TH COURT
FORT LAUDERDALE, FL 33304

FEI Number: 14-1933857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, SCOTT
2504 WOODGATE BLVD
SUITE 205
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

WILKERSON, SCOTT
2505 NE 13TH COURT
FORT LAUDERDALE, FL 33304 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:

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILKERSON, SCOTT
Address: 2504 WOODGATE BLVD, SUITE 205
City-St-Zip: ORLANDO, FL 32822

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILKERSON, SCOTT
Address: 2505 NE 13TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR () Change (X) Addition
Name: SCARBERRY, KENNETH R
Address: 2505 NE 13TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33304

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.

SIGNATURE: SCOTT K WILKERSON

MGRM

04/12/2006

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