

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068822

Entity Name: SBV DEVELOPMENT, LLC

FILED
Jul 18, 2008
Secretary of State

Current Principal Place of Business:

424 E CENTRAL BLVD, SUITE 114
ORLANDO, FL 32801

New Principal Place of Business:

8700 WEST FLAGLER STREET STE 170
MIAMI, FL 33174

Current Mailing Address:

8700 WEST FLAGLER STREET, SUITE 170
ATTN: ALBERTO N. MORIS
MIAMI, FL 33174

New Mailing Address:

FEI Number: 14-1933857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORIS, ALBERTO N
8700 WEST FLAGLER STREET, SUITE 170
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILKERSON, SCOTT
Address: 47290 ROSE SAGE CT
City-St-Zip: PALM DESERT, CA 92260

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 WILKERSON

MR

07/18/2008

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