

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105005

Entity Name: SIV LLC

FILED
Feb 13, 2006
Secretary of State

Current Principal Place of Business:

9715 INTERNATIONAL COURT N.
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

9715 INTERNATIONAL COURT N.
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 20-3722971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFATA, JOSEPH S CPA
5300 WEST CYPRESS STREET
SUITE 247
TAMPA, FL 33607 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HOULTON, JOE
Address: 9715 INTERNATIONAL COURT N.
City-St-Zip: SAINT PETERSBURG, FL 337164807

Title: MGRM () Change (X) Addition
Name: HOULTON, JOHN
Address: 9715 INTERNATIONAL COURT N.
City-St-Zip: SAINT PETERSBURG, FL 337164807

Title: MGRM () Change (X) Addition
Name: HOULTON, JERRY
Address: 5370 62ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33715

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: JOHN HOULTON

MGRM

02/13/2006

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