2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L05000105005

Entity Name: SIV LLC

Current Principal Place of Business:

9900 18TH STREET N STE 102
ST. PETERSBURG, FL 337164224 US

New Principal Place of Business:

Current Mailing Address:

9900 18TH STREET N STE 102
ST. PETERSBURG, FL 337164224 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: MGRM ( ) Delete
Name: HOULTON, JOE
Address: 9900 18TH STREET N STE 102
City-St-Zip: SAINT PETERSBURG, FL 337164224

Title: MGRM ( ) Delete
Name: HOULTON, JOHN
Address: 9900 18TH STREET N STE 102
City-St-Zip: SAINT PETERSBURG, FL 337164224

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

ADDITIONS/CHANGES:

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

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

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: JOHN HOULTON MGRM 01/20/2009

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