2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # LUSUUU111786 1. Entity Name STV, LLC					03-21-2006 90295 022 ****50	.00
Principal Place of Business		Mailing Address			30004772	
7700 SQUARE LAKE BLVD. IACKSONVILLE, FL 32256		7700 SQUARE LAKE BLVD. 1acksonville, Fl. 32256				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	01202006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			4. FEI Number 59-382 6572 Applied Fo	
Zip	Country	Zip Coun		try	5. Certificate of Status Desired Space Spa	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
CRABTRE 8777 SAN	EE, R.R. JOSE BLVD.	Street Addr		Street Address (s (P.O. Box Number is Not Acceptable)	
BUILDING A, SUITE 200 JACKSONVILLE, FL 32217						
•		-		City	Zip Code	
 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 					red agent, or both, in the State of Florida. I am familiar with, and acc	æpt
SIGNATURE						
Signature, hybrid or primited name of inspissional agent and table a population. (NOTE: Regissaried Agent Expensive required when reinstating) (NOTE: Regissaried Agent Expensive required when reinstating) (NOTE: Regissaried Agent Expensive required when reinstating)						
Filing Fee Is \$50.00 Due by May 1, 2006		da			Make check payable to Florida Department of State	
D.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANGES	
NAME	SNOW, HEATHER		NAM	E	☐ Changes ☐ Add	LUKOKI
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32256			ET ADDRESS -ST-ZIP		
TITLE NAME		☐ Delete	TITLE	1	☐ Changer ☐ Add	illon
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIF		☐ Oelete	TITLE	-S1-ZIP	☐ Change ☐ Add	ltion
NAME STREET ADDRESS		<u> </u>	HAMI	E ET ADDRESS		
CITY-ST-ZP				-SI-ZIP		
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STREET ADDRESS CITY-ST-ZIP				EF ADORESS - ST-ZIP -		
11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: C/kather - Smrn 2-22-06						
SIGNATURE: CANDITYPED OR PRINTED HAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despite Prove #						