

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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| DOCUMENT # L05000111786 1. Entity Name STV, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 7700 SQUARE LAKE BLVD. JACKSONVILLE, FL 32256 | | | Mailing Address 7700 SQUARE LAKE BLVD. JACKSONVILLE, FL 32256 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 59-382 6572 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BLVD. BUILDING A, SUITE 200 JACKSONVILLE, FL 32217 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE <i>UC 20. Div. of Corporations</i> (NOTE: Registered Agent Signature required when renewing) DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SNOW, HEATHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7700 SQUARE LAKE BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32256</td> <td></td> </tr> </table> | | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | SNOW, HEATHER | | STREET ADDRESS | 7700 SQUARE LAKE BLVD. | | CITY - ST - ZIP | JACKSONVILLE, FL 32256 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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| 11. I hereby certify that the information supplied with this filing 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: <i>Heather Snow</i> Date <i>2-22-06</i> Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |