

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115326

Entity Name: SHIVM, L.L.C.

FILED  
Apr 20, 2006  
Secretary of State

**Current Principal Place of Business:**

1022 TROUT CREEK COURT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1022 TROUT CREEK COURT  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-3870961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, JAYESH  
1022 TROUT CREEK COURT  
OVIEDO, FL 32765 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: PATEL, JAYESH  
Address: 1022 TROUT CREEK COURT  
City-St-Zip: OVIEDO, FL 32765

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

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, MUKESH  
Address: 1022 TROUT CREEK COURT  
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, MILAN  
Address: 1022 TROUT CREEK COURT  
City-St-Zip: OVIEDO, FL 32765

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: JAYESH PATEL

MGRM

04/20/2006

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