2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2008
Secretary of State

DOCUMENT# L06000029829

Entity Name: SAVINGS INVESTMENT LLC

Current Principal Place of Business:

2597 DOVER GLEN CIRCLE
ORLANDO,, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

2597 DOVER GLEN CIRCLE
ORLANDO,, FL 32828 US

New Mailing Address:

FEI Number: 20-5771713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERA, ROBERT G
2597 DOVER GLEN CIRCLE
ORLANDO, FL 32828 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:	MGR	( ) Delete
Name:	VERA, ROBERT G	
Address:	2597 DOVER GLEN CIRCLE	
City-St-Zip:	ORLANDO, FL 32828 US	
Title:	MGRM	(X) Delete
Name:	VELIZ, MARCELA R	
Address:	2597 DOVER GLEN CIRCLE	
City-St-Zip:	ORLANDO, FL 32828 US	
Title:	MGRM	(X) Delete
Name:	VERA, ROBERT J JR	
Address:	2597 DOVER GLEN CIRCLE	
City-St-Zip:	ORLANDO, FL 32828 US	
Title:	MGRM	(X) Delete
Name:	VERA, ANA G	
Address:	2597 DOVER GLEN CIRCLE	
City-St-Zip:	ORLANDO, FL 32828 US	
Title:	MGRM	(X) Delete
Name:	OCHOA, BEDA Y	
Address:	142 MAHAR AVE.	
City-St-Zip:	CLIFTON, NJ 07011 US	
Title:	MGRM	(X) Delete
Name:	VERA, ALFONSO J	
Address:	142 MAHAR AVE.	
City-St-Zip:	CLIFTON, NJ 07011 US	

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:	
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: ROBERT G VERA MGR 03/01/2008

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