

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000005611

1. Entity Name
SVI-INTERNATIONAL, L.L.C.

00 APR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O THOMAS J. DAVIS, JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919	Mailing Address C/O THOMAS J. DAVIS, JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919-1019
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2. Principal Place of Business c/o Thomas J. Davis, Jr. Suite, Apt. #, etc. 150 Alhambra Cr., Ste. 1260 City & State Coral Gables, FL Zip 33134-4535 Country USA	3. Mailing Address c/o Thomas J. Davis, Jr. Suite, Apt. #, etc. 150 Alhambra Cr., Ste. 1260 City & State Coral Gables, FL Zip 33134-4535 Country USA
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MOM

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, THOMAS J JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919	7. Name and Address of New Registered Agent Name Thomas J. Davis, Jr., Attorney at Law Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle Suite 1260 City Coral Gables FL Zip Code 33134-4535
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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.

SIGNATURE _____ DATE 4/24/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, THOMAS J JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Norman A. Carpenter 12403 Nacogdoches, #110 San Antonio, TX 78217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003250058--1 -05/12/00--01029--003 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norman A. Carpenter* DATE: 4/25/00 DAYTIME PHONE #: 210-599-7926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)