2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# M05000005663

Entity Name: AMERIVON LLC

Current Principal Place of Business:

800 SOUTHWOOD BOULEVARD, SUITE 212
INCLINE VILLAGE, NV 89451

New Principal Place of Business:

Current Mailing Address:

800 SOUTHWOOD BOULEVARD, SUITE 212
INCLINE VILLAGE, NV 89451

New Mailing Address:

FEI Number: 77-0603852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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:	TURLEY, TOD M	
Address:	800 SOUTHWOOD BOULEVARD, SUITE 212	
City-St-Zip:	INCLINE VILLAGE, NV 89451	
Title:	MGR	( ) Delete
Name:	TYSON, JOHN E	
Address:	800 SOUTHWOOD BOULEVARD, SUITE 212	
City-St-Zip:	INCLINE VILLAGE, NV 89451	
Title:	MGR	( ) Delete
Name:	SEGAL, ROBERT B	
Address:	27 SKYMEADOW ROAD	
City-St-Zip:	SUFFERN, NY 10901	

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:	

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: ROBERT B. SEGAL CEO 03/10/2006

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