

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000496

Entity Name: VIVA VOYAGE LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

3155 EAST PATRICK LANE SUITE 1
LAS VEGAS, NV 89120

New Principal Place of Business:

Current Mailing Address:

3155 EAST PATRICK LANE SUITE 1
LAS VEGAS, NV 89120

New Mailing Address:

FEI Number: 59-3827231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERS, GEOFFREY B
1850 SOUTH OCEAN DRIVE UNIT 2401
HALLANDALE BEACH, FL 33009 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: SILVERS, GEOFFREY B
Address: 3155 EAST PATRICK LANE SUITE 1
City-St-Zip: LAS VEGAS, NV 89120

Title: MGR () Delete
Name: SILVERS, WALATER S
Address: 3155 EAST PATRICK LANE SUITE 1
City-St-Zip: LAS VEGAS, NV 89120

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

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: SILVERS, SCOTT W
Address: 3155 EAST PATRICK LANE SUITE 1
City-St-Zip: LAS VEGAS, NV 89120

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: GEOFF SILVERS

MGR

01/08/2007

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