

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000496

Entity Name: VIVA VOYAGE LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

3155 EAST PATRICK LANE SUITE 1
LAS VEGAS, NV 89120

New Principal Place of Business:

375 N STEPHANIE ST
STE 1411
HENDERSON, NV 89014

Current Mailing Address:

3155 EAST PATRICK LANE SUITE 1
LAS VEGAS, NV 89120

New Mailing Address:

375 N STEPHANIE ST
STE 1411
HENDERSON, NV 89014

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: MGRM () Delete
Name: SILVERS, GEOFFREY B
Address: 3155 EAST PATRICK LANE SUITE 1
City-St-Zip: LAS VEGAS, NV 89120

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SILVERS, GEOFFREY B
Address: 375 N STEPHANIE ST STE 1411
City-St-Zip: HENDERSON, NV 89014

Title: MGRM (X) Change () Addition
Name: SILVERS, SCOTT W
Address: 375 N STEPHANIE ST STE 1411
City-St-Zip: HENDERSON, NV 89014

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: SCOTT SILVERS

MGRM

04/14/2009

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