

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 MAY -5 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

**1. Name and Mailing Address of Limited Liability Company**      **DOCUMENT #L93000000327**

SVO REALTY, L.C.  
 4100 BARNETT PLAZA  
 TAMPA FL 33602

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

**1a. Principal Place of Business Address**

4100 BARNETT PLAZA  
 TAMPA FL 33602

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/30/1993	FL
City & State		City & State		<b>4. FEI Number</b>	<input type="checkbox"/> Applied For
Zip		Zip		95-4470454	<input type="checkbox"/> Not Applicable
Country		Country		<b>5. Date of Last Report</b>	<b>6. Certificate of Status Desired</b>
.		.		03/12/1996	SB 7: Additional Fee Required <input type="checkbox"/>

<b>7. Name and Address of Current Registered Agent</b>		<b>8. Name and Address of New Registered Agent</b>	
SCHLOSSER, RICHARD A 4100 BARNETT PLAZA TAMPA FL 33602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		200002178962--1 -05/14/97--01114--015 *****203.75 <b>FL</b>	

**9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BREECH, ANDREW I,	2120 WILSHIRE BLVD., SUITE	SANTA MONICA CA
MGR	O'LIGES, ED	660 DECATUR BLVD.	LAS VEGAS NV
MEM	NATIONAL FACILITIES ,	2120 WILSHIRE BLVD., SUITE	SANTA MONICA CA
MEM	BREECH, ANDREW L	2120 WILSHIRE BLVD., SUITE	SANTA MONICA CA
MEM	O'LIGES, ED	660 DECATUR BLVD.	LAS VEGAS NV

**11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.**

**SIGNATURE:** *Andrew L. Breech*      **TREASURER,**  
 NATIONAL FACILITIES CORP.      5/1/97 828-4748 (310)

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