


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JUN 28 AM 9:45	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee					
		Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company SVO REALTY, L.C. 4100 BARNETT PLAZA TAMPA FL 33602				DOCUMENT # L93000000327			
2 Principal Place of Business				2a. Mailing Address		3. Date Organized or Qualified 09/30/1993	
Suite, Apt. #, etc.				Suite, Apt. #, etc.		3a. State of Formation FL	
City & State				City & State		4. FEI Number 95-4470454	
Zip				Country		5. Date of Last Report 04/27/1998	
						6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A 4100 BARNETT PLAZA TAMPA FL 33602				8. Name and Address of New Registered Agent/Office Name SAME Street Address (P.O. Box Number is Not Acceptable) 500 EAST KENNEDY BLVD. Suite, Apt. #, etc SUITE 200 City TAMPA FL Zip Code 33602-4825			
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGR	BREECH, ANDREW L	2120 WILSHIRE BLVD., SUITE		SANTA MONICA CA			
MGR	OLLIGES, ED	660 DECATUR BLVD.		LAS VEGAS NV			
MGR MEM	NATIONAL FACILITIES,	2120 WILSHIRE BLVD., SUITE		SANTA MONICA CA			
MEM	BREECH, ANDREW L	2120 WILSHIRE BLVD., SUITE		SANTA MONICA CA			
MEM	OLLIGES, ED	660 DECATUR BLVD.		LAS VEGAS NV			
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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: <i>Andrew L Breech, Treasurer</i>						6-25-99 (310) 628-4746	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, MEMBER, OR MANAGER</small>							