

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 27 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0030984 AB

DOCUMENT # **L93000000327**

1. Entity Name  
**SVO REALTY, L.C.**

Principal Place of Business  
**9090 ADAMO DRIVE  
TAMPA, FL 33619**

Mailing Address  
**2120 WILSHIRE BLVD., #400  
SANTA MONICA CA 90403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4470454**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLOSSER, RICHARD A  
500 EAST KENNEDY BLVD.  
SUITE 200  
TAMPA FL 33602-4825**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | <b>MGR</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>BREECH, ANDREW L</b>               |                                 |
| STREET ADDRESS | <b>2120 WILSHIRE BLVD., SUITE 400</b> |                                 |
| CITY-ST-ZIP    | <b>SANTA MONICA CA 90403</b>          |                                 |
| TITLE          | <b>MGR</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>OLLIGES, ED</b>                    |                                 |
| STREET ADDRESS | <b>660 DECATUR BLVD.</b>              |                                 |
| CITY-ST-ZIP    | <b>LAS VEGAS NV 89107</b>             |                                 |
| TITLE          | <b>MGRM</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>NATIONAL FACILITIES CORP.</b>      |                                 |
| STREET ADDRESS | <b>2120 WILSHIRE BLVD., SUITE 400</b> |                                 |
| CITY-ST-ZIP    | <b>SANTA MONICA CA 90403</b>          |                                 |
| TITLE          | <b>MEM</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>BREECH, ANDREW L</b>               |                                 |
| STREET ADDRESS | <b>2120 WILSHIRE BLVD., SUITE 400</b> |                                 |
| CITY-ST-ZIP    | <b>SANTA MONICA CA 90403</b>          |                                 |
| TITLE          | <b>MEM</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>OLLIGES, ED</b>                    |                                 |
| STREET ADDRESS | <b>660 DECATUR BLVD.</b>              |                                 |
| CITY-ST-ZIP    | <b>LAS VEGAS NV 89107</b>             |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

**600004217666-3**  
**-05/15/01--01093--026**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

CR2E083 (11/00)

11. I 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 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.

SIGNATURE: *Brian R. Woods* **Brian R. Woods, Treasurer**  
**National Facilities Corp. 4/18/01 (310)828-4748**