


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 28, 2004 08:00 AM
Secretary of State

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



01062004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 95-4470454 Applied For: Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHLOSSER, RICHARD A
 500 EAST KENNEDY BLVD.
 SUITE 200
 TAMPA, FL 33602-4825

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

Filing Fee is \$50.00 Due by May 1, 2004


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREECH, ANDREW L 2120 WILSHIRE BLVD., SUITE 400 SANTA MONICA, CA 90403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLLIGES, ED 660 DECATUR BLVD. LAS VEGAS, NV 89107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIONAL FACILITIES CORP. 2120 WILSHIRE BLVD., SUITE 400 SANTA MONICA, CA 90403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BREECH, ANDREW L 2120 WILSHIRE BLVD., SUITE 400 SANTA MONICA, CA 90403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM OLLIGES, ED 660 DECATUR BLVD. LAS VEGAS, NV 89107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/28/04-80001-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Treasurer
 National Facilities Corp. 5/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE