


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



07032007No Chg-LLC CR2E083 (11/05)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

500109657185
09/19/07--01042--001 **50.00

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Andrew L. Breech ANDREW L. BREECH 9/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day,mo,Year