


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 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



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 95-4470454
Applied For: No: 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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent's signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: BREECH, ANDREW L STREET ADDRESS: 2120 WILSHIRE BLVD., SUITE 400 CITY-ST-ZIP: SANTA MONICA CA 90403	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000000936106 05/23/08-80098-023 138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: OLLIGES, ED STREET ADDRESS: 660 DECATUR BLVD. CITY-ST-ZIP: LAS VEGAS NV 89107	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: NATIONAL FACILITIES CORP. STREET ADDRESS: 2120 WILSHIRE BLVD., SUITE 400 CITY-ST-ZIP: SANTA MONICA CA 90403	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MEM NAME: BREECH, ANDREW L STREET ADDRESS: 2120 WILSHIRE BLVD., SUITE 400 CITY-ST-ZIP: SANTA MONICA CA 90403	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MEM NAME: OLLIGES, ED STREET ADDRESS: 660 DECATUR BLVD. CITY-ST-ZIP: LAS VEGAS NV 89107	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Breech* ANDREW BREECH, Member/Manager 4/24/08 (310) 828-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Paid