

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000327

FILED
May 05, 2009
Secretary of State

Entity Name: SVO REALTY, L.C.

Current Principal Place of Business:

9090 ADAMO DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

2120 WILSHIRE BLVD., #400
SANTA MONICA, CA 90403

New Mailing Address:

FEI Number: 95-4470454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHLOSSER, RICHARD A
500 EAST KENNEDY BLVD.
SUITE 200
TAMPA, FL 336024825 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BREECH, ANDREW L
Address: 2120 WILSHIRE BLVD., SUITE 400
City-St-Zip: SANTA MONICA, CA 90403

Title: MGR () Delete
Name: OLLIGES, ED
Address: 660 DECATUR BLVD.
City-St-Zip: LAS VEGAS, NV 89107

Title: MGRM () Delete
Name: NATIONAL FACILITIES CORP.
Address: 2120 WILSHIRE BLVD., SUITE 400
City-St-Zip: SANTA MONICA, CA 90403

Title: MEM () Delete
Name: BREECH, ANDREW L
Address: 2120 WILSHIRE BLVD., SUITE 400
City-St-Zip: SANTA MONICA, CA 90403

Title: MEM () Delete
Name: OLLIGES, ED
Address: 660 DECATUR BLVD.
City-St-Zip: LAS VEGAS, NV 89107

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BREECH, ANDREW L
Address: 2120 WILSHIRE BLVD., SUITE 400
City-St-Zip: SANTA MONICA, CA 90403

Title: MGR (X) Change () Addition
Name: OLLIGES, ED
Address: 660 DECATUR BLVD.
City-St-Zip: LAS VEGAS, NV 89107

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date