

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000327**



FILED

03 SEP -2 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

BJH



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**

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

CHECK HERE IF MAKING CHANGES

9/2

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. 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

\$978,179.74

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *MGR* Delete
NAME **BREECH, ANDREW L**
STREET ADDRESS **2120 WILSHIRE BLVD., SUITE 400**
CITY-ST-ZIP **SANTA MONICA CA 90403**

Change Addition
TITLE **BRECH, ANDREW L**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGR* Delete
NAME **OLLIGES, ED**
STREET ADDRESS **660 DECATUR BLVD.**
CITY-ST-ZIP **LAS VEGAS NV 89107**

900022700908
09/02/03--01051--004 **90:00 Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGR* Delete
NAME **NATIONAL FACILITIES CORP.**
STREET ADDRESS **2120 WILSHIRE BLVD., SUITE 400**
CITY-ST-ZIP **SANTA MONICA CA 90403**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Mem* Delete
NAME **BREECH, ANDREW L**
STREET ADDRESS **2120 WILSHIRE BLVD., SUITE 400**
CITY-ST-ZIP **SANTA MONICA CA 90403**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *mem* Delete
NAME **OLLIGES, ED**
STREET ADDRESS **660 DECATUR BLVD.**
CITY-ST-ZIP **LAS VEGAS NV 89107**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. 08/28/03 310/828-4748

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

Date

Daytime Phone #

CFR2E083 (4/03)