


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90233 042 ****50.00

DOCUMENT # L02000016864

1. Entity Name
SVTA PROPERTIES, LLC



Principal Place of Business
**766-A HUDSON STREET
 SARASOTA FL 34236**

Mailing Address
**766-A HUDSON STREET
 SARASOTA FL 34236**

2. Principal Place of Business
3277 Fruitville Rd.,
 Suite, Apt. #, etc.
Unit F

3. Mailing Address
3277 Fruitville Rd.
 Suite, Apt. #, etc.
Unit F

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34237 USA

Zip Country
34237

4. FEI Number
22-3863238

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

SEWELL, E. LARRY
766-A HUDSON STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

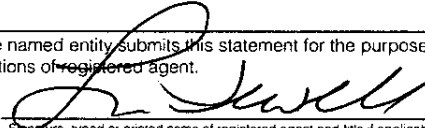
Name

Street Address (P.O. Box Number is Not Acceptable)
3277 Fruitville Road,

Units/Etc.

City **Sarasota** State **FL** Zip Code **34237**

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  **E. Larry Sewell** 1/27/04

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEWELL, E. LARRY 766-A HUDSON STREET SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILLIS, FRANK W JR 766-A HUDSON STREET SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENTICH, MICHAEL A 766-A HUDSON STREET SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sewell, E. Larry 3277 Fruitville Rd., Unit F Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tillis, Frank W., Jr. 3277 Fruitville Rd., Unit F Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Valentich, Michael A. 3277 Fruitville Rd., Unit F Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  **E. Larry Sewell** 1/27/04 941-365-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #