

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016864 1. Entity Name SVTA PROPERTIES, LLC	
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Principal Place of Business 3277 FRUITVILLE RD UNIT F SARASOTA, FL 34237	Mailing Address 3277 FRUITVILLE RD UNIT F SARASOTA, FL 34237
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01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3863238	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SEWELL, E. LARRY
3277 FRUITVILLE ROAD
UNIT F
SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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 _____

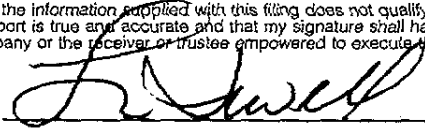
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEWELL, E. LARRY 3277 FRUITVILLE RD, UNIT F SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILLIS, FRANK W JR 3277 FRUITVILLE RD, UNIT F SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENTICH, MICHAEL A 3277 FRUITVILLE RD, UNIT F SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000388435
01/20/06-80004-020 50.00

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IN THIS SPACE**

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:  1/13/6 941-365-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #