


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 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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01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3863238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SEWELL, E. LARRY 3277 FRUITVILLE ROAD UNIT F SARASOTA, FL 34237

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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 _____ (NOTE, Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000604415
01/29/07-80052-019 50.00.

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	

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

1/22/07 941-365-5111
Date Daytime Phone #