2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016864

1. Entity Name SVTA PROPERTIES, LLC



FILED Jan 10, 2008 08:00 AN Secretary of State

Principal Place of Business

3277 FRUITVILLE RD

UNIT F

SARASOTA, FL 34237

Mailing Address

3277 FRUITVILLE RD

UNIT F

DO NOT WRITE IN THIS SPACE

SARASOTA, FL 34237



01042008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	22-3863238	

Applied For Not Applicable

5. Certificate of Status Desired

\$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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ø.	. The above named entity submits this statement for the purpose of changing its registered drice of registered agent, of both, in the State of Fiorida.	i am iamiliar with, and accept
	the obligations of registered agent.	

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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	MANAONIO MEMBERO MANAOCRO
9.	MANAGING MEMBERS/MANAGERS
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	

DO NOT WRITE 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 regainer or trusted 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

1/8/8

941-315-5111

Oaytime Phone #