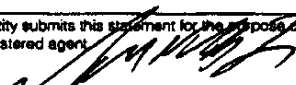
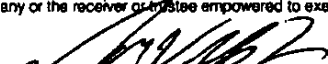


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

5/

05-08-2007 90114 017 ****50.00

DOCUMENT # L05000070667 1. Entity Name SRV ASSOCIATES, LLC					
Principal Place of Business 5353 CONROY ROAD STE. 200 ORLANDO, FL 32811			Mailing Address 5353 CONROY ROAD STE. 200 ORLANDO, FL 32811		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3160158	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALHB, ANIL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name ANIL VALBH Street Address (P.O. Box Number is Not Acceptable) 5353 CONROY RD. STE 200 City ORLANDO FL Zip Code 32811	
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  DATE 4/26/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2007		Made check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SRV MAYAN, LLC 5353 CONROY RD STE 200 ORLANDO, FL 32811 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AVISTA PROPERTIES XX, LLC 5353 CONROY RD. STE 200 ORLANDO FL 32811 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASA INVESTMENTS III, LLLP 5353 CONROY RD. STE 200 ORLANDO FL 32811 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			DATE: 4/26/07 DAYTIME PHONE: 407-581-9000		