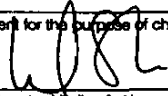


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90121 041 ***138.75

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 # 5003 S. Elberon Street		3. Mailing Address 5003 S. Elberon Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33611	Country USA	Zip 33611	Country USA
4. FEI Number 20-3160158		Applied For Not Applicable	
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 Leonard N. Soliz Street Address (P.O. Box Number is Not Acceptable) 5003 S. Elberon Street City Tampa FL Zip Code 33611	
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  Leonard N. Soliz		DATE 4-15-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME AVISTA PROPERTIES XX, LLC STREET ADDRESS 5353 CONROY RD SUITE 200 CITY- ST- ZIP ORLANDO, FL 32811 ☒ Delete	TITLE MGR NAME GASA INVESTMENTS III, LLLP STREET ADDRESS 5353 CONROY RD SUITE 200 CITY- ST- ZIP ORLANDO, FL 32811 ☒ Delete	TITLE Manager NAME The Lux Group, LLC STREET ADDRESS 5003 S. Elberon Street CITY- ST- ZIP Tampa, Florida 33611 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	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 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	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:  Leonard N. Soliz		DATE 4-15-08 813-493-4999	

60027060



04152008 Chg-LLC CR2E083 (12/06)