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

04-23-2008 90121 041 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070667

1. Entity Name
SRV ASSOCIATES, LLC

60027060

04152008 Chg-LLC CR2E083 (12/06)

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
Suite, Apt. #, etc.:
City & State: Tampa, Florida
Zip: 33611 Country: USA

3. Mailing Address: 5003 S. Elberon Street
Suite, Apt. #, etc.:
City & State: Tampa, Florida
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
~~VALLIB, ANIL~~
~~5353 CONROY ROAD~~
~~SUITE 200~~
~~ORLANDO, FL 32811~~

7. Name and Address of New Registered Agent
Name: Leonard N. Solie
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: [signature] 4-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Leonard N. Solie

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~AVISTA PROPERTIES XX, LLC~~ ~~5353 CONROY RD SUITE 200~~ ~~ORLANDO, FL 32811~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager The Lux Group, LLC 5003 S. Elberon Street Tampa, Florida 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~CASA INVESTMENTS III, LLLP~~ ~~5353 CONROY RD SUITE 200~~ ~~ORLANDO, FL 32811~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4-15-08 813-493-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
Leonard N. Solie

138.75