

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90300 012 ****50.00

DOCUMENT # L06000071179					
1. Entity Name SVB REAL ESTATE, L.L.C.					
Principal Place of Business % ROBERT E. KORN, ESQ. 5295 TOWN CENTER RD., STE. 201 BOCA RATON, FL 33486			Mailing Address % ROBERT E. KORN, ESQ. 5295 TOWN CENTER RD., STE. 201 BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box # 20 WEST STREET		3. Mailing Address 20 WEST STREET			
Suite, Apt. #, etc. APT. 27 D		Suite, Apt. #, etc. APT. 27 D		01302007 Chg-LLC CR2E083 (12/06)	
City & State NEW YORK, NY		City & State NEW YORK, NY		4. FEI Number 56-2608957	
Zip Country 10004 NEW YORK		Zip Country 10004 NEW YORK		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KORN, ROBERT E ESQ. 5295 TOWN CENTER ROAD, STE. 201 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstalling) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENEDETTI, ALESSIO 150 W. 15TH STREET, APT. 2 NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	20 WEST ST., APT. 27 D NEW YORK, NY 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANNING, CHRISTINA M 150 W. 15TH STREET, APT. 2 NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	20 WEST ST., APT. 27 D. NEW YORK, N.Y. 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X			2/5/07 1-646-257-0991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		