

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000327**

1. Entity Name  
**SVO REALTY, L.C.**



Principal Place of Business  
**9090 ADAMO DRIVE  
TAMPA FL 33619**

Mailing Address  
**2120 WILSHIRE BLVD., #400  
SANTA MONICA CA 90403**

**FILED**

**03 SEP -2 AM 9:24**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MDH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**9/2**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **95-4470454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLOSSER, RICHARD A  
500 EAST KENNEDY BLVD.  
SUITE 200  
TAMPA FL 33602-4825**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**\$978,179.74**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BREECH, ANDREW L  
2120 WILSHIRE BLVD., SUITE 400  
SANTA MONICA CA 90403**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OLLIGES, ED  
660 DECATUR BLVD.  
LAS VEGAS NV 89107**

**800022700908**  
**09/02/03--01051--004 \*\*\$0.00** ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NATIONAL FACILITIES CORP.  
2120 WILSHIRE BLVD., SUITE 400  
SANTA MONICA CA 90403**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Mem** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BREECH, ANDREW L  
2120 WILSHIRE BLVD., SUITE 400  
SANTA MONICA CA 90403**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Mem** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OLLIGES, ED  
660 DECATUR BLVD.  
LAS VEGAS NV 89107**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Brian R. Woods, Treasurer**

**National Facilities Corp. 08/28/03 310/828-4748**

Date

Daytime Phone #

CR2E083 (4/03)