


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000001756 |  |
| 1. Entity Name SILVERLANE REALTY, LLC | |

| | |
|--|--|
| Principal Place of Business 2800 PONCE DE LEON BLVD., STE. 1125 CORAL GABLES, FL 33134 | Mailing Address 2800 PONCE DE LEON BLVD., STE. 1125 CORAL GABLES, FL 33134 |
|--|--|

DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC CR2E083 (12/07)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0994719 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| BREIER, ROBERT G 2800 PONCE DE LEON BLVD., STE. 1125 CORAL GABLES, FL 33134 | |

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS. | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SILVERMAN, BARRY 2801 NE 208TH TERRACE STE 102 AVENTURA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SILVERMAN, JUDY 2801 NE 208TH TERRACE STE 102 AVENTURA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000810449
02/08/08-80066-001 138.75

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: Judy Silverman 1/28/08 305-205-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #