


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 040 ****50.00

DOCUMENT # L00000015321

1. Entity Name
SILLY GROOVE LLC



Principal Place of Business
**501 BRICKELL KEY DR
 STE 506
 MIAMI, FL 33131 US**

Mailing Address
**501 BRICKELL KEY DR
 STE 506
 MIAMI, FL 33131 US**

2. Principal Place of Business
501 BRICKELL KEY DR
 Suite, Apt. #, etc. **SUITE # 506**
 City & State **MIAMI, FL**
 Zip **33131** Country **USA**

3. Mailing Address
501 BRICKELL KEY DR
 Suite, Apt. #, etc. **SUITE # 506**
 City & State **MIAMI, FL**
 Zip **33131** Country **USA**



04042006 Chg-LLC CR2E083 (11/05)

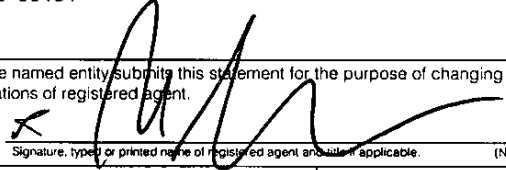
4. FEI Number **65-1078401** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHLESINGER, MICHAEL J
501 BRICKELL KEY DR
STE 506
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **SCHLESINGER MICHAEL J.**
 Street Address (P.O. Box Number is Not Acceptable) **501 BRICKELL KEY DR, SUITE 506**
 City **MIAMI** FL Zip Code **33131**

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  DATE **4/4/2006**

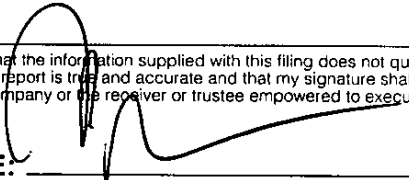
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLESINGER, MICHAEL J 501 BRICKELL KEY DR STE 503 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLESINGER, MICHAEL J. 501, BRICKELL KEY DR, SUITE 506 MIAMI, FL 33131 <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
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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:  **MICHAEL J. SCHLESINGER** DATE **4/4/2006** DAYTIME PHONE # **(305) 373 8993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #