


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LLC CR2E083(11/05)

4. FEI Number 65-1078401	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

SCHLESINGER, MICHAEL J  
 501 BRICKELL KEY DR  
 STE 506  
 MIAMI, FL 33131

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

**Filing Fee is \$50.00 Due by May 1, 2007**

U000007192P7  
 05/01/07-80058-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHLESINGER, MICHAEL J 501 BRICKELL KEY DR., STE 506 MIAMI, FL 33131
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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:  MICHAEL J. SCHLESINGER 4/10/2007 (305) 373 8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_