## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000000621

1. Entity Name
SILLY GROOVE HOLDINGS LLC



Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

**501 BRICKELL KEY DRIVE** 

SUITE 506 MIAMI, FL 33131 | US Mailing Address

501 BRICKELL KEY DRIVE

SUITE 506

MIAMI, FL 33131 US



DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1078399 Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional

6. Name and Address of Current Registered Agent

SCHLESINGER, MICHAEL J 501 BRICKELL KEY DRIVE SUITE 506 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purp	ose 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

Filing Fee is \$50.00 Due by May 1, 2007 000000719461 05/01/07-80064-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLESINGER, MICHAEL J 501 BRICKELL KEY DRIVE SUITE 506 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MICHAEL J. SCHLESINGER 4/10/2007 (305) 293 8993

Daytime Phone #