

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022923

Entity Name: SILVER CITY CORNER, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

3260 UNIVERSITY BLVD.
SUITE 210
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY BLVD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 06-1649193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HADDOCK, EDWARD E JR.
3260 UNIVERSITY BLVD.
SUITE 210
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HADDOCK, EDWARD E
Address: 3300 UNIVERSITY BLVD STE 218
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: HEAVENER, JAMES W
Address: 3300 UNIVERSITY BLVD STE 218
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: PHELPS, JON D
Address: 3300 UNIVERSITY BLVD STE 218
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD E HADDOCK, JR

CEO

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date