


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90005 023 ****55.00

DOCUMENT # L02000028717	
1. Entity Name SILBERMAN INSURANCE AND FINANCIAL SERVICES PLLC	

Principal Place of Business 4809 NW 36TH PLACE GAINESVILLE FL 32606-5996	Mailing Address 4809 NW 36TH PLACE GAINESVILLE FL 32606-5996
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2. Principal Place of Business 815 NW 23RD AVE	3. Mailing Address 815 NW 23RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GAINESVILLE, FL	City & State GAINESVILLE, FL
Zip 32609	Country ALACHUA
Country ALACHUA	Zip 32609

4. FEI Number 02-0652762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SILBERMAN, DONALD L 4809 NW 36TH PLACE GAINESVILLE FL 32606-5996	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Donald L. Silberman</i>	DATE 7-28-05

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SILBERMAN, DONALD L 4809 NW 36TH PLACE GAINESVILLE, FL 32606-5996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Donald L. Silberman</i>	DATE: 7-28-2005 352-391-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #