

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

*** AMENDED ***

FILED
04 MAY 12 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000024837**
1. Entity Name
Silvertree Estates, LLC



DO NOT WRITE IN THIS SPACE

DK

2. Principal Place of Business
515 E Lee Plaza Blvd
Suite, Apt. #, etc.
15th Fl
City & State
Lauderdale Fl
Zip
32256 Country

3. Mailing Address
515 E Lee Plaza Blvd
Suite, Apt. #, etc.
15th Floor
City & State
Lauderdale Fl
Zip
32256 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0129372

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

7. Name and Address of Current Registered Agent
Name
Jasen R Sessions
Street Address (P.O. Box Number is Not Acceptable)
4720 Salisbury Rd
Ste 239
City
Jacksonville FL Zip Code
32256

**DO NOT WRITE
IN THIS SPACE
L03000024837**

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 _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

B. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Durbin Crossing Development Corp. 4720 Salisbury Rd, Ste 239 Jacksonville Fl 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400036215504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMENDED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2003B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 partner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]* **5/1/04 305-856-0369**
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Patmel & Sessions, Pres

CSC.



L03000024837

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 638317 7215498

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 50.00

ORDER DATE : May 11, 2004

ORDER TIME : 1:02 PM

ORDER NO. : 638317-025

CUSTOMER NO: 7215498

CUSTOMER: Jeri Poller, Esq
Jeri Poller P.a.
6013 Northwest 23rd Avenue
Boca Raton, FL 33496

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

*** AMENDED ***

NAME: SILVERTREE ESTATES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____

RECEIVED
04 MAY 12 PM 4:50
DIVISION OF CORPORATION