
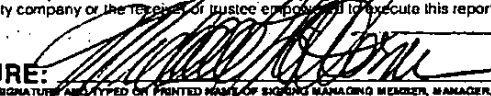


**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90201 029 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L03000036129</b>   |  |         |   |
| 1. Entity Name<br>SILVER PALM HOLDINGS OF HOMESTEAD, LLC   |  |  |   |
| Principal Place of Business<br>13 S.W. 7TH STREET<br>MIAMI, FL 33130   |  | Mailing Address<br>13 S.W. 7TH STREET<br>MIAMI, FL 33130                                 |   |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| LATTERNER, MICHAEL<br>13 S.W. 7TH STREET<br>MIAMI, FL 33130  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>                             |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LATTERNER, MICHAEL<br>13 S.W. 7TH STREET<br>MIAMI, FL 33130 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ROSEN, WAYNE<br>277 GALEON COURT<br>CORAL GABLES, FL 33143 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Trustee or Trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |
| SIGNATURE:    |  | Date: 1-20-05<br>Daytime Phone #: 305-372-1266   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Daytime Phone #   |   |

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01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1588375 Applied For Not Applicable

6. Certificate of Status Desired  \$5.00 Additional Fee Required