

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-01-2006 90068 013 ****50.00

DOCUMENT # L05000062902	
1. Entity Name SILVAN INVESTMENTS LLC	



Principal Place of Business 7331 NORTHWEST 27TH AVENUE MIAMI, FL 33147	Mailing Address 2529 SOUTHWEST 18TH STREET MIAMI, FL 33145
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30010708



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1254239	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
Name ALTAMIRANO, SILVANO	
Street Address (P.O. Box Number is Not Acceptable) 2529 S.W. 18TH STREET	
City MIAMI	FL Zip Code 33145

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 *[Signature]* (NOTE: Registered Agent's signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to -
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARVALHO, ERNANI 7331 NORTHWEST 27TH AVENUE MIAMI, FL 33147 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTAMIRANO, SILVANO 7331 NORTHWEST 27TH AVENUE MIAMI, FL 33147 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARVALHO, ERNANI 7331 NORTHWEST 27TH AVENUE MIAMI, FL 33147 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTAMIRANO, SILVANO ☒ Change ☐ Addition 7331 N.W. 27th Ave MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALTAMIRANO, SILVANO 7331 NORTHWEST 27TH AVENUE MIAMI, FL 33147 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *[Signature]* **ALTAMIRANO, SILVANO** **1162** **4/27/06** **(786) 247-8230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #