

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90152 019 \*\*\*\*50.00

**DOCUMENT # M03000003081**

1. Entity Name  
17777 OLD CUTLER ROAD, LLC



**Principal Place of Business**

C/O SILVER, GARVETT & HENKEL, PA  
1110 BRICKELL AVENUE, PENTHOUSE I  
MIAMI, FL 33131

**Mailing Address**

C/O SILVER, GARVETT & HENKEL, PA  
1110 BRICKELL AVENUE, PENTHOUSE I  
MIAMI, FL 33131

200006007



01212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2125475

Applied For  
Not Applicable

5. Certificate of Status Desired- ☐

**\$5.00** Additional—  
Fee Required

**6. Name and Address of Current Registered Agent**

SILVER, SCOTT A.  
C/O SILVER, GARVETT & HENKEL, PA  
1110 BRICKELL AVENUE, PENTHOUSE I  
MIAMI, FL 33131

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME PALMETTO BAY VILLAGE CENTER, LLC  
STREET ADDRESS 1110 BRICKELL AVE., PENTHOUSE I  
CITY-ST-ZIP MIAMI, FL 33131

TITLE Managing Member  
NAME Scott A. Silver  
STREET ADDRESS 1110 Brickell Avenue - PH One  
CITY-ST-ZIP Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Scott A. Silver 01.24.05 (305) 377-8802

Date

Daytime Phone #