2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005409

1. Entity Name
SILVER INVESTMENTS, LLC

Principal Place of Business	Mailing Address
239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134	239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134

01032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1793943
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RASEY, CAROLYN
99 CIRCLE DRIVE
NOKOMIS, FL 34275-1564

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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: Louise Cochran 3-24-07
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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	NOBLE, CAROL G
STREET ADDRESS	239 CLEAR BROOK TRAIL
CITY-ST-ZIP	DOUGLASVILLE, GA 30134
TITLE	MGR
NAME	COCHRAN, LOUISE B
STREET ADDRESS	7910 SOUTH GILES ROAD
CITY-ST-ZIP	DOUGLASVILLE, GA 30135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/07-80007-022 50.00

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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: Louise Cochran 3-24-07