

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000001756

1. Entity Name
SILVERLANE REALTY, LLC



Principal Place of Business
**2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134**

Mailing Address
**2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134**



01242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BREIER, ROBERT G
2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, BARRY 2801 NE 208TH TERRACE STE 102 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, JUDY 2801 NE 208TH TERRACE STE 102 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/08-80066-001 138.75

**DO NOT WRITE
IN THIS SPACE**

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

1/28/08

Date

305-205-0026

Daytime Phone #