



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000005409</b> 1. Entity Name <b>SILVER INVESTMENTS, LLC</b>	
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Principal Place of Business <b>239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134</b>	Mailing Address <b>239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134</b>
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-1793943</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (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 NOBLE, CAROL G 239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCHRAN, LOUISE B 7910 SOUTH GILES ROAD DOUGLASVILLE, GA 30135
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1000000935630  
05/23/08-80075-016 138.75

**DO NOT WRITE  
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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:**  **4-26-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_