

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110018

**Entity Name:** EB5 AFFILIATE NETWORK STATE OF PENNSYLVANIA  
REGIONAL CENTER, LLC

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC3364775107**

**Current Principal Place of Business:**

142 COMMODORE DRIVE  
JUPITER, FL 33477

**Current Mailing Address:**

142 COMMODORE DRIVE  
JUPITER, FL 33477

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SILVERMAN, THOMAS N ESQ.  
3801 PGA BLVD, SUITE 902  
PALM BEACH GARDENS, FL 33410 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SILVERMAN, SAMUEL B	Name	SCHOENFELD, MICHAEL
Address	142 COMMODORE DRIVE	Address	6049 BRATTON PLACE
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	CHARLOTTE NC 28277

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SAMUEL SILVERMAN

MANAGER

01/21/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date