

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90219 002 ****50.00

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BREIER, ROBERT G 2800 PONCE DE LEON BLVD., STE. 1125 CORAL GABLES FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SILVERMAN, BARRY		NAME		
STREET ADDRESS	2801 NE 208TH TERRACE STE 102		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		CITY-ST-ZIP		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SILVERMAN, JUDY		NAME		
STREET ADDRESS	2801 NE 208TH TERRACE STE 102		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

24032499



MOORE CR2E083 (11/03)

4. FEI Number **65-0994719** ☐ Applied For
☐ Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SILVERMAN, BARRY		NAME		
STREET ADDRESS	2801 NE 208TH TERRACE STE 102		STREET ADDRESS		
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TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SILVERMAN, JUDY		NAME		
STREET ADDRESS	2801 NE 208TH TERRACE STE 102		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Barry Silverman

3/25/04 3057050026