FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 AM 8:56

LL 6/16

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003152

1. Entity Name
SILVERLEAF CONSULTING, LLC

Principal Place of Business	Mailing Address
824 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408	824 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408

2. Principal Place of Business	3. Mailing Address
206 Lochmore Rd	PO Box 6513
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Palm Beach FL	City & State: W. Palm Beach FL
Zip: 33407 Country	Zip: 33405 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGHES, BRETT 824 U.S. HIGHWAY ONE, SUIE 200 NORTH PALM BEACH, FL 33408	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 _____ DATE 4-9-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FEE NOW: $150.00
Make Check Payable to: Florida Department of State
Due By: May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HUGHES, BRETT 824 US HWY 1, STE 200 N PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	206 Lochmore Rd W. Palm Beach, FL 33407	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500016698815 04/23/03--01012--022 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ 4-9-03 561-373-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #