
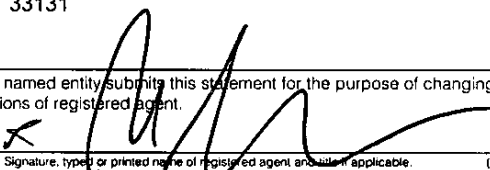
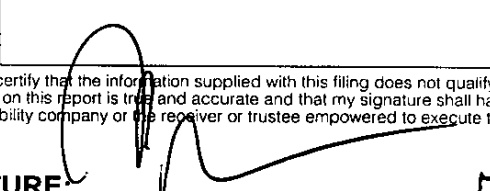


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 040 ****50.00

DOCUMENT # L00000015321 1. Entity Name SILLY GROOVE LLC			
Principal Place of Business 501 BRICKELL KEY DR STE 506 MIAMI, FL 33131 US		Mailing Address 501 BRICKELL KEY DR STE 506 MIAMI, FL 33131 US	
2. Principal Place of Business 501 BRICKELL KEY DR Suite, Apt. #, etc. SUITE # 506 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address 501 BRICKELL KEY DR Suite, Apt. #, etc. SUITE # 506 City & State MIAMI, FL Zip 33131 Country USA	
4. FEI Number 65-1078401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLESINGER, MICHAEL J 501 BRICKELL KEY DR STE 506 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SCHLESINGER MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR, SUITE 506 City MIAMI FL 33131	
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 4/4/2006 <small>Signature, typed or printed name of registered agent and business applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLESINGER, MICHAEL J 501 BRICKELL KEY DR STE 503 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLESINGER, MICHAEL J. 501 BRICKELL KEY DR, SUITE 506 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MICHAEL J. SCHLESINGER 4/4/2006 (305) 373 8993 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	