

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90175 019 \*\*\*\*\*50.00

<b>DOCUMENT # L00000016343</b> 1. Entity Name <b>SILVER STAR INVESTMENTS, L.L.C.</b>			
Principal Place of Business <del>3601 VINELAND RD., STE. 2</del> <del>ORLANDO, FL 32811</del>		Mailing Address <del>3601 VINELAND RD., STE. 2</del> <del>ORLANDO, FL 32811</del>	
2. Principal Place of Business <b>407 Commerce Way</b> Suite, Apt. #, etc. <b>Unit 10 A</b> City & State <b>Jupiter Florida</b> Zip <b>33458</b> Country <b>US</b>		3. Mailing Address <b>407 Commerce Way</b> Suite, Apt. #, etc. <b>Unit 10 A</b> City & State <b>Jupiter Florida</b> Zip <b>33458</b> Country <b>US</b>	
4. FEI Number <b>59-3688596</b>		Applied For <input type="checkbox"/> 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  <b>WINTER, JOHN P</b> <del>144 INTRACOASTAL CIR</del> <del>TEQUESTA, FL 33469</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>407 Commerce Way</b> <b>Unit 10 A</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33458</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> NAME <b>WINTER, JOHN P</b> <input type="checkbox"/> Delete STREET ADDRESS <b>144 INTRACOASTAL CIR</b> CITY-ST-ZIP <b>TEQUESTA, FL 33469</b>	TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>STAGGS, MARK A</b> STREET ADDRESS <b>505 PRAIRE LAKE DRIVE</b> CITY-ST-ZIP <b>FERN, FL 32730</b>	TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>WINTER, JOHN P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>407 Commerce Way Unit 10 A</b> CITY-ST-ZIP <b>Jupiter FL 33458</b>	TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>STAGGS, MARK A</b> STREET ADDRESS <b>505 PRAIRE LAKE DRIVE</b> CITY-ST-ZIP <b>FERN, FL 32730</b>
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>John Winter, mgr</b> <b>2/10/05</b> <b>561-427-0427</b> <small>Date Daytime Phone #</small>	