

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90128 001 ***350.00

DOCUMENT # L01000004088

1. Entity Name
SILVERSTREAM SERVICES LLC



Principal Place of Business
**360 SOUTH SHORE DR
SARASOTA, FL 34234 US**

Mailing Address
**12260 WILLOW GROVE RD
BLDG #2
CAMDEN, DE 19934**

00000001



2. Principal Place of Business

3. Mailing Address

1220 N. MKT ST. APT 804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 804

04262006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Wilmington DE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

19801

USA

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

**FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

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)

DATE

**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 MGR ☐ Delete
NAME RAYNER, RONALD
STREET ADDRESS N. FAMBRIDGE, CHELMSFORD ANNESLEY HOUSE
CITY-ST-ZIP ESSEX, UNITED KINGDOM,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RAYNER, SYLVIA G
STREET ADDRESS N. FAMBRIDGE, CHELMSFORD ANNESLEY HOUSE
CITY-ST-ZIP ESSEX, UNITED KINGDOM,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/06

307-421-5750