

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004088

1. Entity Name  
**SILVERSTREAM SERVICES LLC**



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**ANNESLEY HOUSE, RECTORY RD.  
N. FAMBRIIDGE  
CHELMSFORD, ESSEX, UK**

Mailing Address  
**1591 E. ATLANTIC BLVD.  
SUITE 200  
POMPAHO BEACH, FL 33060**

2. Principal Place of Business

**360 South Shore Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**12260 Willow Grove Rd.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Sarasota, FL**  
Zip Country  
**34234 USA**

City & State

**Camden, DE**  
Zip Country  
**19934 USA**

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

**FLETCHER, W. RICK  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS **200018315912**  
CITY-ST-ZIP **05/07/03--01002--012 \*\*750.00**

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

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STREET ADDRESS  
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 606, Florida Statutes.

SIGNATURE: **Sylvia G Rayner**

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

**4-28-03 302-698-0118**

Date Daytime Phone #

CR2E063 (10/02)