2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000011427

1. Entity Name

SILAS LIMITED LIABILITY COMPANY



Principal Place of Business

1618 RAINCROW DR STE 117

JACKSONVILLE, FL 32259

Mailing Address

1618 RAINCROW DR JACKSONVILLE, FL 32259 FILED Aug 17, 2004 08:00 AM Secretary of State



08162004 No Chg-LLC

CR2E083 (10/03)

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|------------|---------|---------|--|
| | 36 | 4516060 | |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RENNIE, ROBERT G 4686 SUNBEAM RD., STE. 117 JACKSONVILLE, FL 32257

SIGNATURE:

SIGNATURE AND TYPED

DO NOT WRITE IN THIS SPACE

| 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_ | Spatiare, typed or printed name of registered agent and little if applicable. | (NOTE: Registered Agont signsture recovered when constant | ng) DATE | |
| Fii Due t | ing Fee is \$50.00 by September 8, 2004 | | 000000170289 08/17/04-80001-018 50.00 | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| nne | MGR | | | |
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| 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 path, 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. | | | | |

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE