## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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## **FILED** Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # L01000016032 1. Entity Name SILVÉR STREAK, L.L.C. Mailing Address Principal Place of Business 11555 S.W. 93RD CT. Miami, FL 33176 11555 S.W. 93RD CT. MIAMI, FL 33176 03032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1001621 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERSON, MICHAEL P ESQ. DO NOT WRITE SALAS, EDE, PETERSON & LAGE, L.L.C. IN THIS SPACE 6333 SUNSET DR. SOUTH MIAMI, FL 33143 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 Signature, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when renstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SECANES, RUBEN NAME U00000255084 03/07/05-80099-024 50.00 STREET ADDRESS 11555 S.W. 93RD CT. CMY-ST-ZIP MIAMI, FL 33176 ገገገገ የ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZP 11. I heroby certify that the information supplied with this fiting 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 trability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. (3) 05 Kuben 3-5 775-6420

G MANAGING MEMBER, OR AUTHORIZED HEPRESENTATIVE

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