2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 22, 2005 08:00 AM Secretary of State

| | AMMOAL | KEFORI | | C o | o | of Ctat |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|-------------------------------|
| DOCUMENT # L01000018610 1. Entity Name SILVER LINING LAND HOLDINGS, L.L.C. | | | | Se | creta | ry of Stat |
| 1111 LAKEV | e of Business TEW DRIVE K, FL 32789 | Mailing Address 1111 LAKEVIEW DRIVE WINTER PARK, FL 32789 | i sa qara | | | |
| | O NOT WRITE | CE | 07192005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For | | | |
| | | | | 02-0564470 | | Not Applicable |
| | | | | 5. Certificate of Status Desired | | 5.00 Additional e Required |
| | 6. Name and Address of Current | Registered Agent | | | , | ,,,,,,, |
| KROHA, CHRISTOPHER 1111 LAKEVIEW DRIVE WINTER PARK, FL 32789 | | | DO NOT WRITE IN THIS SPACE | | | |
| 5. The above the obligat | named entity submits this statement to tions of registered agent. | r the purpose of changing its register | ed office or register | ed agent, or both, in the State of Flo | rida, lam far | niliar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. (NOTE Register | ed Agent signaturé required | l when reinstating) | DATE | |
| Fil Due l | ling Fee is \$50.00 by September 7, 2005 | · | F (200 m) | | | % |
| 9. | MANAGING MEMBE | RS/MANAGERS | - 1 | | / 10 / 1 | to the production |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KROHA, CHRISTOPHER 1111 LAKEVIEW DRIVE WINTER PARK, FL 32789 | | | , journit | 1374210 | 003 55.00 |
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| TITLE NAME STREET ADDRESS | | | | DO NOT W | RITE | |
| CITY-ST-ZIP | | | - | | | |
| TITLE | 1 | • | | IN THIS SP | AUE | |

11. I hereby certify that the information supplied with this filling 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 it 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:

NAME
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STREET ADDRESS
CITY-ST-ZIP

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

7-19-05 Date

Daytime Phone #