

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90585 014 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018610

1. Entity Name
SILVER LINING LAND HOLDINGS, L.L.C.



Principal Place of Business
121 SEVILLE ROAD
WEST PALM BEACH, FL 33405

Mailing Address
121 SEVILLE ROAD
WEST PALM BEACH, FL 33405

2. Principal Place of Business
1111 Lakeview Drive
Suite, Apt. #, etc.

3. Mailing Address
1111 Lakeview Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Park, FL
Zip
32789
Country
United States

City & State
Winter Park, FL
Zip
32789
Country
United States

4. FEI Number
02-0564470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KROHA, CHRISTOPHER
121 SEVILLE ROAD
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1111 Lakeview Drive
City
Winter Park FL Zip Code
32789

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 date 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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KROHA, CHRISTOPHER
121 SEVILLE ROAD
WEST PALM BEACH, FL 33405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 Lakeview Drive
Winter Park, FL 32789 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

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 608, Florida Statutes.

SIGNATURE:

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

4-30-03

Date

561-262-6090

Daytime Phone #

CR2E083 (10/02)