


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001457**

1. Entity Name  
**SILVER SHORES LLC**



Principal Place of Business      Mailing Address

**1701 BRICKELL DRIVE**      **1701 BRICKELL DRIVE**  
**FT. LAUDERDALE, FL 33301**      **FT. LAUDERDALE, FL 33301**



02012005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**01-0583115**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LOCHRIE, ROBERT B JR.**  
**1701 BRICKELL DRIVE**  
**FT. LAUDERDALE, FL 33301**

**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: *Robert B Lochrie, Jr*      *ROBERT B. LOCHRIE, JR*      *02/03/05*  
Signature of individual named in report or registered agent and title if applicable      (NOTE: Registered Agent signature required when re-issuing)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOCHRIE, ROBERT B JR
STREET ADDRESS	1701 BRICKELL DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/03/05-80066-008 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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: *Robert B Lochrie, Jr*      **ROBERT B. LOCHRIE, JR (754) 525-8083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      2-1-05 Date      Daytime Phone #