

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002726

Entity Name: SILBET LLC

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

1390 BRICKELL AVE. SUITE 200
MIAMI, FL 33131

New Principal Place of Business:

1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131 US

Current Mailing Address:

1390 BRICKELL AVE. SUITE 200
MIAMI, FL 33131

New Mailing Address:

777 BRICKELL AVE
SUITE 704
MIAMI, FL 33131 US

FEI Number: 75-3013969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MICHANIE, ALBERTO
Address: 1390 BRICKELL AVE. SUITE 200
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: BELLECHAR, SILVINA BEATRI
Address: 1390 BRICKELL AVE. SUITE 200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICHANIE, ALBERTO
Address: 1390 BRICKELL AVE. SUITE 200
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change () Addition
Name: BELLECHAR, SILVINA BEATRI
Address: 1390 BRICKELL AVE. SUITE 200
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALBERTO MICHANIE

MGR

03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date