

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011887

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** SOUNDS OF SILENCE EMC LLC

**Current Principal Place of Business:**

1910 COQUINA WAY  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

1555 NW 91ST AVENUE  
APT # 8-111  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

1910 COQUINA WAY  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

1555 NW 91ST AVENUE  
APT # 8-111  
CORAL SPRINGS, FL 33071 US

FEI Number: 01-0720865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PAOLANTONIO, JAMES R  
1910 COQUINA WAY  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

PAOLANTONIO, JAMES R  
1555 NW 91ST AVENUE  
APT # 8-111  
CORAL SPRINGS, FL 33071 US

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: JAMES R. PAOLANTONIO

01/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PAOLANTONIO, JAMES R MGR  
Address: 1910 COQUINA WAY  
City-St-Zip: CORAL SPRINGS, FL 33071 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PAOLANTONIO, JAMES R MGR  
Address: 1555 NW 91ST AVENUE, APT # 8-111  
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES R. PAOLANTONIO

MR.

01/15/2007

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