

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005037

FILED
Oct 30, 2004
Secretary of State

Entity Name: SILVERTHORNE LTD.CO.

Current Principal Place of Business:

7717 KEYWAY ROAD
ENGLEWOOD, FL 34223

New Principal Place of Business:

7717 KEYWAY ROAD
ENGLEWOOD, FL 34223 US

Current Mailing Address:

7717 KEYWAY ROAD
ENGLEWOOD, FL 34223

New Mailing Address:

7717 KEYWAY ROAD
ENGLEWOOD, FL 34223 US

FEI Number: 32-0062845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, JOAN M
7717 KEYWAY ROAD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BROWN, JOAN M COO
7717 KEYWAY ROAD
ENGLEWOOD, FL 34223 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: JOAN BROWN

10/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BROWN, WILLIAM A
Address: 1717 KEYWAY ROAD
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR () Change (X) Addition
Name: BROWN, JOAN M
Address: 1717 KEYWAY ROAD
City-St-Zip: ENGLEWOOD, FL 34223 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: JOAN M. BROWN

MGR

10/30/2004

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