2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005037

1. Entity Name
SILVERTHORNE LTD.CO.

Principal Place of Business	Mailing Address
7717 KEYWAY ROAD ENGLEWOOD, FL 34223 US	7717 KEYWAY ROAD ENGLEWOOD, FL 34223 US

DO NOT WRITE IN THIS SPACE

01182005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
32-0062845	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROWN, WILLIAM A
STREET ADDRESS	1717 KEYWAY ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	MGR
NAME	BROWN, JOAN M
STREET ADDRESS	1717 KEYWAY ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223

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	

U000000189656
01/24/05-80104-015 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)(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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #