2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 05, 2007-08:00 AN Secretary of State

DOCUMENT # L03000010327 1. Entity Name SILVA COURT, L.L.C.			Secretary of Stat	
Principal Place of Business Mailing Address 324 JULIA PLACE 324 JULIA PLACE SARASOTA, FL 34236 SARASOTA, FL 34236				
DO NOT WRITE IN THIS SPACE			CE	03012007 No Chg-LLC
<u> </u>	6. Name and Address of Current Re	relatored Acest	<u> </u>	Fee Required
DRAKE, J. KEVIN ESQ DOOLEY & DRAKE, P.A. 1432 FIRST STREET SARASOTA, FL 34236				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 algorithms required when relinatating) 100000000000000000000000000000000000				
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBER	S/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM RUTKOWSKI, DEVIN 324 JULIA PLACE SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CATY-ST-ZIP	MGRM RUTKOWSKI, MARIAN 324 JULIA PLACE SARASOTA, FL 34236	,		
TITLE KAME STREET ADDRESS CITY-ST-ZIP		- 12		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 rustee sympowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRODED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/07

(9VI) 906-7609