
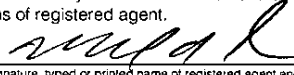
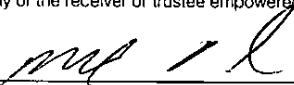


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90028 001 \*\*\*\*50.00

<b>DOCUMENT # L03000011182</b> 1. Entity Name <b>SILVER WING PROPERTIES, LLC</b>					
Principal Place of Business <b>618 NW 60TH STREET SUITE A GAINESVILLE, FL 32607</b>			Mailing Address <b>618 NW 60TH STREET SUITE A GAINESVILLE, FL 32607</b>		
2. Principal Place of Business <b>100 SW 75<sup>th</sup> Street</b> Suite, Apt. #, etc. <b>Ste 205</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b>		3. Mailing Address <b>100 SW 75<sup>th</sup> Street</b> Suite, Apt. #, etc. <b>Ste 205</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b>		03242005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>03-0533704</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PUGH, MERRILL 618 NW 60TH STREET SUITE A GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent Name <b>Pugh, Merrill</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 SW 75<sup>th</sup> Street</b> <b>Ste 205</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>		
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  DATE <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PUGH, MERRILL 1831 SW 112TH ST GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgrm Pugh, Merrill 100 SW 75<sup>th</sup> Street Ste 205 Gainesville, FL 32607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PIA, JOHN 618 NW 60TH ST GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgr PIA, John 100 SW 75<sup>th</sup> Street Ste 205 Gainesville, FL 32607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>4/18/05</b> 352-331-3343 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					