2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000011182

1. Entity Name
SILVER WING PROPERTIES, LLC

Principal Place of Business	Mailing Address
100 SW 75TH STREET SUITE 205 GAINESVILLE, FL 32607	100 SW 75TH STREET SUITE 205 GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
03-0533704	Not Applicable

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

6. Name and Address of Current Registered Agent

PUGH, MERRILL
100 SW 75TH STREET
SUITE 205
GAINESVILLE, FL 32607

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PUGH, MERRILL
STREET ADDRESS	100 SW 75TH STREET, STE 205
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGR
NAME	PIA, JOHN
STREET ADDRESS	100 SW 75TH STREET, STE 205
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80060-016 50.00

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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Merrill Pugh_   MERRILL Pugh   3/12/07   352-331-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #