


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013336 1. Entity Name SILVER PALM PARK INVESTMENT, L.L.C.		
Principal Place of Business 10000 BROAD CHANNEL DR. MIAMI, FL 33157	Mailing Address P.O. BOX 972704 MIAMI, FL 33197	



03052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0467039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRACHER, DOUGLAS J
317 N. KROME AVENUE
HOMESTEAD, FL 33030

**DO NOT WRITE
IN THIS SPACE**

7. 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**

U000000256973
03/09/05-80033-018 50.00

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS, STEPHANIE L 10000 BROAD CHANNEL DR. MIAMI, FL 33157
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Stephanie L. Wells **STEPHANIE L. WELLS** 3/5/05 305 - 232-7189

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

Date

Daytime Phone #