

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020850

FILED
Mar 28, 2004
Secretary of State

Entity Name: SILVER LAKE PALM BEACH, LLC

Current Principal Place of Business:

3270 B ROAD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

3270 B ROAD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, LARRY B
505 SOUTH FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

PHILOMENA, LIANG M
3270 B ROAD
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: PHILOMENA M. LINAG

03/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LIANG, PHILOMENA M
Address: 3270 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Change (X) Addition
Name: CHIU, KWONG LUNG
Address: 3270 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Change (X) Addition
Name: LIANG, PETER
Address: 3270 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILOMENA M LIANG

MGRM

03/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date