

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033463

FILED
May 24, 2008
Secretary of State

Entity Name: SILVER LINING PARTNERSHIP, L.L.C.

Current Principal Place of Business:

15424 YALE DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15424 YALE DRIVE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 22-0229345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDREWS, J. ALAN
15424 YALE DRIVE
FORT MYERS, FL 33908 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEWHIRST, NED
Address: 12395 MCGREGOR WOODS CIR.
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: FOREMAN, GARY
Address: 12399 MCGREGOR WOODS CIR.
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: ANDREWS, J. ALAN
Address: 15424 YALE DR.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J. ALAN ANDREWS

MGR

05/24/2008

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