2006 LIMITED LIABILITY COMPANY

Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000034812 04-27-2006 90025 049 ****55.00 1 Entity Name SILVÉR BEACH DEVELOPMENT, LLC Principal Place of Business Mailing Address **7020 SOUTH A1A** P.O. BOX 510747 MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951-0747 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Error Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANNEY, KENNETH J Street Address (P.O. Box Number is Not Acceptable) **7020 SOUTH A1A** MELBOURNE BEACH, FL 32951 City Zip Code 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM-TITLE ☐ Delete TITLE ☐ Change □ Addition NAME MANNEY, KENNETH J NAME **7020 SOUTH A1A** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIV Daytime Phone #