
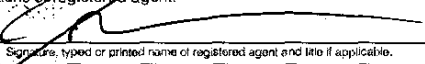
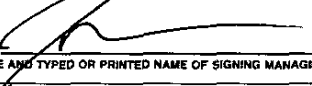


**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90008 007 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000036654</b>			
1. Entity Name <b>SILVERBACK AGENCY, LLC</b>			
Principal Place of Business <b>1020 E. LAFAYETTE STREET, SUITE 206B TALLAHASSEE, FL 32301</b>		Mailing Address <b>1020 E. LAFAYETTE STREET, SUITE 206B TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business <b>2450 Tim Gamble Place</b>		3. Mailing Address <b>2450 Tim Gamble Place</b>	
Suite, Apt. #, etc. <b>Suite 258</b>		Suite, Apt. #, etc. <b>Suite 258</b>	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32308</b>		Country <b>USA</b>	
Zip <b>32308</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>BROWN, JON D 1020 E. LAFAYETTE STREET, SUITE 206B TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2450 Tim Gamble Place, Suite 258</b> City <b>Tallahassee, FL</b> Zip Code <b>32308</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR BROWN, JON D 1020 E. LAFAYETTE STREET, SUITE 206B TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2450 Tim Gamble Place, Suite 258 Tallahassee, FL 32308</b>	
Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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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 609, Florida Statutes.			
SIGNATURE: 		Jon D. Brown 04.27.04 850.671.1232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

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04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For ☐ Not Applicable

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