


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90074 040 ****50.00

DOCUMENT # L03000053567

1. Entity Name
SILVER LION LLC



Principal Place of Business Mailing Address
580 N.E. 33RD STREET, SUITE 2 **580 N.E. 33RD STREET, SUITE 2**
FORT LAUDERDALE FL 33334 **FORT LAUDERDALE FL 33334**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

MACKIE, WILLIAM K
580 NE 33RD ST
SUITE 2
FORT LAUDERDALE FL 33334

4. FEI Number Applied For

20-0490569 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or e-mailed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MACKIE, WILLIAM K	
STREET ADDRESS	580 N.E. 33RD STREET, SUITE 2	
CITY - ST - ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<i>Mackie, William K</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<i>S Mackie, William K</i>	<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *William K. Mackie* *William K. Mackie* *Mg 954 954 954*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: *1/26/06* Daytime Phone #: *954 954 954*