
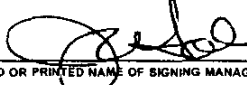


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90054 016 \*\*\*\*50.00

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # L04000015761</b><br>1. Entity Name<br><b>SILVER CAPITAL OF CENTRAL FLORIDA, LLC</b>  |  |  |   |  |   |
| Principal Place of Business<br><b>1001 EAST TELECOM DRIVE<br/>BOCA RATON, FL 33431</b>   |  |  | Mailing Address<br><b>1001 EAST TELECOM DRIVE<br/>BOCA RATON, FL 33431</b>            |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |   |
| City & State   |  | City & State   |   | 01242007 Chg-LLC CR2E083 (12/06)  |   |
| Zip  |  | Country  |   | 4. FEI Number<br><b>20-0797278</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>                        |   |   |   |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>                                    |   |   |
| <b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>SILVER CAPITAL, LLC<br/>1001 EAST TELECOM DRIVE<br/>BOCA RATON, FL 33431</b>   | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>CFO<br/>SILVER LARRY D<br/>1001 EAST Telecom Dr</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MINNIEAR HOLDINGS LLC<br/>1001 EAST TELECOM DRIVE<br/>BOCA RATON, FL 33431</b> | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>P<br/>MINNIEAR EDWARD O<br/>SAME</b>                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>CFO<br/>Holshouser Jesse A<br/>SAME</b>                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>BOCA RATON FL 33431</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |  |   |   |   |
| <b>SIGNATURE:</b>  <b>Jesse Holshouser</b> 4/25/07 561 9815252<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>CFO</b> Date Daytime Phone #   |  |  |   |   |   |