2007 LIMITED LIABILITY COMPANY

FILED Apr 30, 2007 8:00 am

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DOCUMENT # L04000015761						04-30-2007	_		
1. Enlity Name SILVER CAPITAL OF CENTRAL FLORIDA, LLC						04-30-2007	30034 01	0 30.	00
SIEVER	DAFTIAL OF CENTRAL FER	DRIDA, ELC	1						
			7,300	ii inc					
Principal Place		Mailing Address							
1001 EAST TELECOM DRIVE BOCA RATON, FL 33431		1001 EAST TELECOM DRIVE BOCA RATON, FL 33431							
DOUNTON	1,12 33731	DOGA WITON, TE 3343	,,			d 8814 elek 481 6 el			
2 Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address							
					I FARRADA B				F 1[\$00 1611
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-LLC	CR	2E083 (12/0	6)
City & State		City & State			4. FEI Numb				Applied For Not Applicable
Zip	Country	Zip Country			5 Certificate of Status Desired \$5.00 Additional		Additional		
	6. Name and Address of Current	Registered Agent				Address of N		Fee Requ	uired
	t Halla Sha Addisso of Cartain	rogistoros Agent	Name		7. 114110 411	271001030 0111	on regione.	ou rigeiit	
CORPORA 1201 HAYS	ATION SERVICE COMPANY	5		et Address (P.O. Box Number is Not Accep			otable)		·
	SSEE, FL 32301-2525 ;					 -			
	ž.,		ļ					 _	
	,		City				F	Zip C	ode
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office of	or registere	ed agent, or bo	oth, in the State	of Florida. 1	am familiar w	ith, and accept
}	ons or registered agent.								
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signs	ture required	when reinstating)		DAT	TE	
	<u> </u>	and title if applicable. (NOTE	: Registered Agent signi	ture required	when reinstating)				
Fil	Signature, typed or printed name of registered agent in the second secon	and title if applicable. (NOTE	: Registered Agent signa	dure required	when reinstaling)		Make chec	k payable to	
Fil Du	ling Fee is \$50.00 ue by May 1, 2007			benupes audi	when reinstaling)	Flo	Make chec orida Depar	k payable to	
Fil	ling Fee is \$50.00		Registered Agent signal 10.	(B)	1	ADDITIO	Make checorida Depar	k payable to	tate pe Addition
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11. I hereby certify that the information supplied with this filling 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE