



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90017 025 \*\*\*\*50.00

<b>DOCUMENT # L04000015763</b>					
1. Entity Name <b>SILVER MIGNATTI, LLC</b> <i>Name Change</i> <i>Merchants of the World (3/14/05)</i>					
Principal Place of Business <b>6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487</b>			Mailing Address <b>6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0810301</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SHAW, DAVID M 249 ROYAL PALM WAY, SUITE 501 PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Silver Mignatti, LLC</b> <input checked="" type="checkbox"/> Delete <b>6001 Broken Sound Pkwy. Ste 600 Boca Raton, FL 33487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Merchants of the World LLC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6001 Broken Sound Pkwy #600 Boca Raton FL 33487</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SILVER-HAWKER DEVELOPMENT CO, LLC</b> <b>1201 CENTRAL PARK BLVD</b> <b>FREDERICKSBURG VA 22401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 608, Florida Statutes.					
SIGNATURE: 			1/12/05 561-981-5252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					