2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015763

1. Entity Name
SILVER MIGNATTI, LLC

20043318

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487	6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487

2. Principal Place of Business	**3.** Mailing Address
1001 East Telecom Drive	1001 East Telecom Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State Boca Raton, FL

03272006   Chg-LLC   CR2E083 (11/05)

Zip	Country	Zip	Country
33431	USA	33431	USA

4. FEI Number
20-0810301
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, DAVID M
249 ROYAL PALM WAY, SUITE 501
PALM BEACH, FL 33480

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE: MGRM NAME: SILVER-HONAKER DEVELOPMENT OO LLC STREET ADDRESS: 1201 CENTRAL PARK BLVD CITY-ST-ZIP: FREDERICKSBURG, VA 22401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SILVER-HONAKER DEVELOPMENT CO, LLC 1001 EAST TELECOM DRIVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE _____   4/28/06   561/981-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #