

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1 Jun 06, 2005 8:00 am
Secretary of State

01-26-2005 90060 026 ****50.00

DOCUMENT # L04000030342			
1. Entity Name SILVER RESIDENTIAL EQUITY, LLC			
Principal Place of Business 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487		Mailing Address 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487	
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 20-129405K		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNARE, JAMES H II 11780 U.S. HIGHWAY #1, SUITE 300 NORTH PALM BEACH, FL 33408		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 printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when necessary)			
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 Silver Residential Equity 6001 Broken Sound Pkwy. Ste 600 Boca Raton, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR SILVER CAPITAL MANAGER, LLC 6001 BROKEN SOUND PARKWAY #600 BOCA RATON FL 33487	
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 MGR SILVER CAPITAL, LLC 6001 BROKEN SOUND PARKWAY, #600 BOCA RATON FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MINNIEBAY HOLDINGS, LLC 1501 CENTRAL PARK BLVD. FREDERICKSBURG, VA 22401	
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 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: <u>Paul S. Elkin</u>		Date: <u>11/2/05</u> SSF/PS-5252	