

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90045 040 \*\*\*\*50.00

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03272006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000030342</b> 1. Entity Name <b>SILVER RESIDENTIAL EQUITY, LLC</b>					
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 <b>1001 East Telecom Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1001 East Telecom Drive</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>20-1394098</b>	
Zip <b>33431</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHNARE, JAMES H II 11780 U.S. HIGHWAY #1, SUITE 300 NORTH PALM BEACH, FL 33408</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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SILVER CAPITAL MANAGER, LLC 6001 BROKEN SOUND PKWY, #600 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 East Telecom Drive Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SILVER CAPITAL, LLC 6001 BROKEN SOUND PKWY, #600 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM 1001 East Telecom Drive Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINNIEAR HOLDINGS, LLC 1201 CENTRAL PARK BLVD FREDERICKSBURG, VA 22401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM 1001 East Telecom Drive Boca Raton, FL 33431	
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 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/28/06</b> <small>Date</small>		<b>561/981-5252</b> <small>Daytime Phone #</small>