

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030639

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: SILVERSHIP, LLC

**Current Principal Place of Business:**

2121 WOOD STR.  
G229  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 WOOD STR.  
G229  
SARASOTA, FL 34237 US

**New Mailing Address:**

FEI Number: 33-1093865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SZAFRICKS, IMRE  
424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BUDA, GABOR  
Address: BOCSKAI U. 3  
City-St-Zip: SAJOSZENTPETER, HU 3770 HU

Title: MGRM ( ) Delete  
Name: BUDA, GABORNE  
Address: BOCSKAI U. 3  
City-St-Zip: SAJOSZENTPETER, HU 3770 HU

Title: MGRM ( ) Delete  
Name: BUDA, MARTA  
Address: 2121 WOOD STR. G229  
City-St-Zip: SARASOTA, FL 34237 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARTA BUDA

MGRM

04/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date