

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90071 015 \*\*\*\*50.00

<b>DOCUMENT # L04000030639</b>			
1. Entity Name SILVERSHIP, LLC			
Principal Place of Business 2121 WOOD STR. G229 SARASOTA, FL 34237 US		Mailing Address 2121 WOOD STR. G229 SARASOTA, FL 34237 US	
2. Principal Place of Business - No P.O. Box # 4924 25th St. W Suite, Apt. #, etc. #106		3. Mailing Address P.O. Box 585 Suite, Apt. #, etc.	
City & State BRADENTON, FL		City & State SARASOTA, FL	
Zip 34207	Country US	Zip 34230	Country US
6. Name and Address of Current Registered Agent SZAFRICS, IMRE 424 E. CENTRAL BLVD #106 ORLANDO, FL 32801		4. FEI Number 33-1093865	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent		04162007 Chg-LLC CR2E083 (12/06)	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUDA, GABOR BOCSKAI U. 3 SAJOSZENTPETER, HU 3770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORAR, LASZLO 4924 25th St. W BRADENTON, FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUDA, GABORNE BOCSKAI U. 3 SAJOSZENTPETER, HU 3770 <input checked="" 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	MGRM BUDA, MARTA 2121 WOOD STR. G229 SARASOTA, FL 34237 <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 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: <u>Marta Buda</u> MARTA BUDA		Date: <u>04/27/07</u>	Daytime Phone: <u>941-879-3902</u>