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Secretary of State

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01042005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000031479

1. Entity Name
SILVER ACTIVE ADULT COMMUNITIES, LLC

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1044001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNARE, JAMES H II 11780 US HIGHWAY #1, SUITE 300 NORTH PALM BEACH, FL 33408	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, 2005 ☐ Check Enclosed Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Silver Active Adult Communities, LLC 6001 Broken Sound Pkwy, Ste 600 Boca Raton, FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SILVER CAPITAL ADULT COMMUNITIES, LLC 6001 BROKEN SOUND PARKWAY #600 BOCA RATON FL 33487 ☐ 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
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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: Paul S. Elkin 1/19/05 561/881-5252

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #