## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000031479

1. Entity Name
SILVER ACTIVE ADULT COMMUNITIES, LLC



FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90027 042 \*\*\*138.75

Principal Place of Business

1001 E TELECOM DR BOCA RATON, FL 33431

**SIGNATURE:** 

Mailing Address

1001 E TELECOM DR BOCA RATON, FL 33431 PARATA --



01082008 No Chg-LLC

Jesse A. Holshouser, CFO 04/21/08 (561) 981-5252

Daytime Phone #

CR2E083 (12/07)

4. FEI Number	$\neg \neg$	Applied For
		Not Applicabl
5. Certificate of Status Desired		O Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

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 reinstalling)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVER CAPITAL ADULT COMMUNITIES LLC 1001 E TELECOM DR BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SP	ACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE