


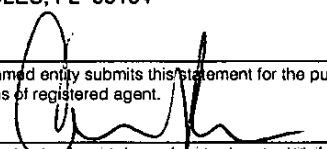
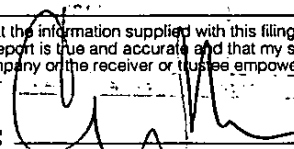
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90072 037 ****50.00

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DOCUMENT # L04000033372					
1. Entity Name SILVER PALMS AT DADELAND, LLC					
Principal Place of Business TWO ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134			Mailing Address TWO ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent PADRON, CARLOS E C/O VILA, PADRON & DIAZ, P.A. 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
				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 				DATE 1/14/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carlos E. Padron	NAME			
STREET ADDRESS	2 Alhambra Plaza, Suite 860	STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Delete	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Oscar J. Vila, III.	NAME			
STREET ADDRESS	2 Alhambra Plaza, Suite 860	STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Delete	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Rene Diaz	NAME			
STREET ADDRESS	2 Alhambra Plaza, Suite 860	STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Delete	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 				DATE: 1/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Phone # (305) 461-4888	