
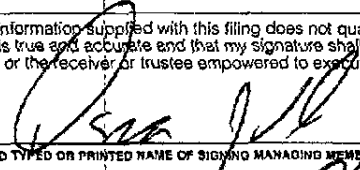


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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	4. FEI Number 20-1081975 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
PADRON, CARLOS E C/O VILA, PADRON & DIAZ, P.A. 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006			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	PADRON, CARLOS E		NAME	U00000333169		
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 860		STREET ADDRESS	01/31/06-80028-018 50.00		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILA, OSCAR J III		NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 860		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, RENE		NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 860		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134		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		
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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 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: 			Date: 1/18/06 (305) 461-4888			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Oscar J. Vila, mgr.						