


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000033372**


1. Entity Name  
**SILVER PALMS AT DADELAND, LLC**



Principal Place of Business      Mailing Address

**TWO ALHAMBRA PLAZA, SUITE 860**      **TWO ALHAMBRA PLAZA, SUITE 860**  
**CORAL GABLES, FL 33134**                      **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1081975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**8. 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**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

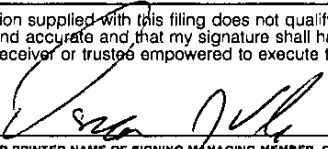
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILA, OSCAR J III 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, RENE 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

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:**       **1/16/07**      **(305) 461-4888**

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