## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESE

## Apr 01, 2008 8:00 am Secretary of State DOCUMENT # L04000034932 04-01-2008 90064 042 \*\*\*138.75 1. Entity Name SILVER SPRINGS BLVD., LLC Principal Place of Business Mailing Address 60018797 -1700 SE 17TH STREET, SUITE 300 -1700-SE-17TH STREET, SUITE-300 OCALA, FL 34471 OCALA, FL 34471 02082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1118369 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYD, BRIAN S DO NOT WRITE 1720 SE 16TH AVE **BLDG 200** IN THIS SPACE OCALA, FL 34471 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE BOYD, BRIAN S NAME STREET ADDRESS 1720 SE 16TH AVE BLDG 200 OCALA, FL 34471 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-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.

FILED