

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000035090

**FILED**  
**Mar 13, 2007**  
**Secretary of State**

**Entity Name:** SILVER STAR CAPITAL INVESTORS, LLC

**Current Principal Place of Business:**

2731 SILVER STAR ROAD  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

2731 SILVER STAR ROAD  
SUITE 200  
ORLANDO, FL 32808 US

**Current Mailing Address:**

2731 SILVER STAR ROAD  
ORLANDO, FL 32808 US

**New Mailing Address:**

2731 SILVER STAR ROAD  
SUITE 200  
ORLANDO, FL 32808 US

**FEI Number:** 20-1124735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, JACK E  
2731 SILVER STAR ROAD  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

SEARS, WILLIAM J  
2731 SILVER STAR ROAD  
SUITE 200  
ORLANDO, FL 32808 US

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.

SIGNATURE: WILLIAM J SEARS

03/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OWENS, JACK E  
Address: 2731 SILVER STAR ROAD  
City-St-Zip: ORLANDO, FL 32808 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SEARS, WILLIAM J  
Address: 2731 SILVER STAR ROAD SUITE 200  
City-St-Zip: ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM J SEARS

MGRM

03/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date