2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 15, 2005 8:00 am Secretary of State

					, Secretary or State			
DOCU 1. Entity Nam SILVER E			1		353 016 ****50			
Principal Place of Business Mailing Address						2802	21224	
4915 W. CYPRESS STREET 4915 W. CYPRESS STRE			ET			200.		
SUITE 200 TAMPA, FL	33607	SUITE 200 TAMPA, FL 33607			 	16:11		
2. Principal P	Place of Business	3. Mailing Address	-/					
	M. O'BRIENST		O'BRIEN	<u>U 28</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Suite, Apt.		Suite, Apt. #, etc.			02242005	Chg-LLC	CR2E083 (10/03)	pplied For
City & Stat		City & State I AMDA	FL		4. FEI Numbe	20792	⊢	ot Applicable
3360	Country	Zip	Country			of Status Desired	☐ \$5.00 Ac	Iditional
-3200.	6. Name and Address of Curre	33667			7 Name and	Address of New Ro	Fee Requir	BG
	o. Name and Address of Curren	it negistered Agent	Name			,	``	
SILVERSTEIN, MARK				MAT		UERSTE		
4915 W. CYPRESS STREET			Street	200	P.O. Box Numbe	Lis, Not Acceptable	57	
SUITE 200 TAMPA, F				-				
TAME A	L 30001		City				Zip Co	de
· · · · · · · · · · · · · · · · ·					PA		LF 33	607
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 Fiorida. I am familiar with, and accept the obligations of registered agent.								
						2-29	4-05	
SIGNATURE:	Signature, typed or printed name of registered age	int and trie if applicable. (NOTE:	Registered Agent sign	vature required	when reinstating)		CATE	
	iling Fee is \$50.00 ue by May 1, 2005					Michigan con a constant property and the second	check payable to Department of Sta	le
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGMR	☐ Delete	TITLE				Change	Addition
NAME Street Address	SILVERSTEIN, MARK 4915 W. CYPRESS STREET, S	STE 200	NAME STREET ADDRES	110	09 NJ. K	O'BRIEN) 57	
CITY-ST-ZIP	TAMPA, FL 33607	512 200	CITY-ST-ZIP	7	maa	FL		
TITLE	MGRM	Delete	TITLE	+	riipa		Change	Addition
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CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	TA	mpA	FL		
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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:

MARK SILVERSTEIN 2-24-05 813-287-1020
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHRIE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Description Phone of