

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 007 ****55.00

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DOCUMENT # L04000044616 1. Entity Name SILVER MIAMI BEACH INVESTMENTS, LLC.																																																					
Principal Place of Business 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 US			Mailing Address 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 US																																																		
2. Principal Place of Business - No P.O. Box # 401 E. Las Olas Blvd Suite, Apt. #, etc. Suite 1180 City & State Fort Lauderdale FL Zip Country 33301 Broward		3. Mailing Address 401 E. Las Olas Blvd Suite, Apt. #, etc. Suite 1180 City & State Fort Lauderdale FL Zip Country 33301 Broward		07242007 Chg-LLC CR2E083 (12/06)																																																	
4. FEI Number 20-1262672				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOURI, DAVID 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180																																																	
7. Name and Address of New Registered Agent Name David Hour Street Address (P.O. Box Number is Not Acceptable) 401 E. Las Olas Blvd # 1180 City Fort Lauderdale FL Zip Code 33301				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 <u><i>David Hour</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> MGRM HOURI, DAVID 19495 BISCAYNE BLVD AVENTURA, FL 33180 <i>change</i> </td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOURI, DAVID 19495 BISCAYNE BLVD AVENTURA, FL 33180 <i>change</i>	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> MGRM David Hour 401 E. Las Olas Blvd # 1180 Fort Lauderdale FL 33301 </td> <td style="width: 30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Hour 401 E. Las Olas Blvd # 1180 Fort Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <i>David Hour</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																					
Date July 24.07				Daytime Phone # 954-712-9555																																																	