## **~2006 LIMITED LIABILITY COMPANY**

## **FILED** Feb 06, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L04000054813** 1. Entity Name SILVERLEAF LANE, LLC Mailing Address Principal Place of Business 7602 PARK DRIVE 7602 PARK DRIVE TAMPA, FL 33610 TAMPA, FL 33610 02042006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1892344 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FITZPATRICK, SCOTT W DO NOT WRITE C/O SCOTT W. FITZPATRICK, P.A. 100 SOUTH EDISON AVE., SUITE C IN THIS SPACE TAMPA, FL 33606 6. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS g. MCDM TITLE HILL DIANE MAME 7602 PARK DRIVE STREET AUDRESS 000000423252 02/17/06-80049-015 50.00 CITY-ST-ZEP TAMPA, FL 33610 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TATLE 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 flability company or the peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIND MEMBER, OR AUTHORIZED REPRESENTATIVE

TIPLE HALLE STREET ADDRESS

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