2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L0400056102 1. Entity Name SILVER FLORIDA PROPERTIES, LLC						05-0	2-2006 9	00045 03	34 ****50	0.00
Principal Place of Business 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487 Mailing Address 6001 BROKEN SOUND P BOCA RATON, FL 33487			AY, SUITE 6	600						
2. Principal Place of Business 1001 EAST TELECOM DRIVE 1001 EAST TELECOM Suite, Apt. #, etc.			M DRIV		3272006	Chg-			83 (11/05)	
BOCA RATON, FL	BÖÇA RATON, FL			4.	FEI Numb					oplied For ot Applicable
Zip Country 33431 USA	Zip 33431	Country USA			Certificate	of Status	Desired		\$5.00 Add Fee Require	
6. Name and Address of Current	Registered Agent		Name	7.	Name and	Address	of New Re	gistered /	Agent	
SHAW, DAVID M 249 ROYAL PALM WAY, SUITE 501				Address (P.O. Box Number is Not Acceptable)						
PALM BEACH, FL 33480									<u></u>	
			City	•				FL	Zip Cod	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	s registere	ed office or	registered aç	gent, or bo	th, in the	State of Flo	ida. Lam	familiar with,	and accept
SIGNATURE	and title if applicable. (NO)	TE: Registere	d Agent signatur	re required when i	reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9. MANAGING MEMBE	RS/MANAGERS	10.				A	DITIONS/	CHANGES		
ITITLE MGR NAME SILVER CAPITAL MANGER, LLC STREET ADDRESS 6001 BROKENSOUND PARKW/ BOCA RATON, FL 32487			· .	1001 E				ve	Change Change	☐ Addition
TITLE MGR	☐ Delete	TITLE		Boca R MGRM	aton,	FL	33431		X Change	☐ Addition
NAME SILVER CAPITAL, LLC STREET ADDRESS 6001 BROKENSOUND PKWY, #	600		ET ADDRESS	1001 E				ve		
INLE MGR			-ST-ZIP	Boca R	aton,	FЪ	33431		¥7.0	
MGR MINMBAR HOLDINGS, LLC STREET ADDRESS 1201 CAPITAL PARK BLVD. CITY-ST-ZIP FREDERICKSBURG, VA 22401	Delete			MINNIE 1001 E	ast T	elecc	m Dri	C ve	₹ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAMI STRE	:	Boca R	acon,	<u>FL</u>	33431		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STRE							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with	□ Delete	CITY	E Et address -S1-Zip	ntained in Ch	cantar 110	Florida S	taturas I fu	ther certify	Change	Addition

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

4/28/06

561/981-5252

Daytime Phone #