## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT #L04000056102 04-30-2007 90054 017 \*\*\*\*50.00 1. Entity Name SILVER FLORIDA PROPERTIES, LLC Principal Place of Business Mailing Address ひひひまひひとり 1001 E TELECOM DR 1001 E TELECOM DR BOCA RATON, FL 33431 BOCA RATON, FL 33431 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-1446035 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 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 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 Make check payable to Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition MGR ☐ Change TITLE Delete TITLE SILVER CAPRYI, SILVER CAPITAL MANGER, LLC NAME NAME 1001 E TELECOM DR STREET ADDRESS STREET ADDRESS LOOJE AST TELETON 25/3 PROCA RATON PC 3 Change NINNIFAR RIDWAND 6 BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE NAME SILVER CAPITAL, LLC NAME 1001 E TELECOM DR STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE MINNIEAR HOLDINGS, LLC NAME NAME STREET ADDRESS 1001 E TELECOM DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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.

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