2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # L04000063719 1. Entity Name SILVER FIDELITY TRUST, LLC							04-20-2005 90042 045 ****50.00					
Principal Place of Business 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461 Mailing Address 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461										dil appat 11212 1211	854 MI 1821	
2. Principal Pl	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0406	62005	Chg-LLC	CR2EC	083 (1 <u>0/</u> 03)	 -	
City & State			City & State				Number	12327	797		plied For Applicable	
Zip	Country		Zip Coun		try	5 . Ce	ertificate o	Status Desired		\$5.00 Addi		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461					Street Address (P.O. Box Number is Not Acceptable)							
	•	,		City				FL 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												
Filing Fee is \$50.00 Due by May 1, 2005										payable to nent of State	3 3 -	
9.		MANAGING MEMBEF	RS/MANAGERS		-		ADDITIONS	CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete RUKIN, JAMES B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461				TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete RUKIN, JULIA R 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			NAM STRI	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403				E		_			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL Nam Stri	E	_				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITE NAM STR	E					☐ Change	Addition	
11. 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.												