

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000063719

1. Entity Name

SILVER FIDELITY TRUST, LLC



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



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1232797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUKIN, ROGER B
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

U00000518608
05/02/06-80019-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUKIN, JAMES B
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	MGRM
NAME	RUKIN, JULIA R
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	MGR
NAME	RUKIN, ROGER B
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #