2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000072767

1. Entity Name SILVER SHORES, LLC



Principal Place of Business

Mailing Address

21 PEARL COVE DESTIN, FL 32550 3112 RUNNYMEDE Louisville, ky 40222

FILED Feb 04, 2008 08:00 Al Secretary of State



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1689786

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIERMAN, CAROLYN S 6268 NW 92ND AVE PARKLAND, FL 33067

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	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature "yield or printed name of registered agent and title if applicable (NOTE	Registered Agent signature required when reinstating) DATE
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	· ·
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTE, MARK J D.M.D. 3112 RUNNYMEDE LOUISVILLE. KY 40222	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTE, VIRGINIA S 3112 RUNNYMEDE LOUISVILLE, KY 40222	U00000815433 02/14/08-80009-005 138.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		

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

SIGNATURE:	X	murk	Q-1	Ichu	H	1. 1	ms	
SIGNATURE	AND '	TYPED OR PRINTE	NAME OF	IGNING MANAGI	NG MEL	IBER OR	AUTHORIZED RE	PRESENTA

131/0

425-8947

Daytim