

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029062

FILED
Apr 26, 2007
Secretary of State

Entity Name: SILVER SEA SHUTTERS LLC

Current Principal Place of Business:

9005 NE 8TH AVE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1660 SW 32ND CT
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-2578978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLY, ANA
3510 SW 10TH ST.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

G5 ENTERPRISE, INC.
3510 SW 10TH ST.
MIAMI, FL 33135 US

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.

SIGNATURE: LEOPOLDO CARRENA

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARRON, GRACIELA E
Address: 1660 SW 32ND CT
City-St-Zip: MIAMI, FL 33145

Title: GMR () Delete
Name: CEROLINI, HUGO P
Address: 9005 NE 8TH AVE., APT. # 1
City-St-Zip: MIAMI, FL 33138

Title: MGRM (X) Delete
Name: CARRENA, LEOPOLDO D
Address: 1660 SW 32ND CT
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR (X) Change () Addition
Name: CARRENA, LEOPOLDO D
Address: 301 NW 84TH CT
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GRACIELA BARRON

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date