



FILED
Mar 26, 2008 8:00 am
Secretary of State

60017312

DOCUMENT # L05000041776				03-26-2008 90116 039 ***138.75	
1. Entity Name SILVER PINES ASSISTED LIVING FACILITY, LLC				60017312	
Principal Place of Business 2360 MADRID AVE SE PALM BAY, FL 32909		Mailing Address 1363 PAYETTE LANE WEST MELBOURNE, FL 32904			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2360 Madrid Ave		03122008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SE.		4. FEI Number 20-2749397	
City & State		City & State Palm Bay FL		Applied For Not Applicable	
Zip	Country	Zip 32909	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901				Name	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May-1, 2008 Fee will be \$538.75					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISE, ELIZABETH V 1363 PAYETTE LANE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				3.23.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	