

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043434

FILED
Aug 20, 2008
Secretary of State

Entity Name: SILVER LINING CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

2611 CLARK ROAD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2611 CLARK ROAD
TAMPA, FL 33618

New Mailing Address:

FEI Number: 65-1246526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HENDRICKS, CLARK
2611 CLARK ROAD
TAMPA, FL 33618 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDRICKS, CLARK
Address: 2611 CLARK ROAD
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: FLASKAY, NICHOLAS
Address: 2305 SAN JOSE CIR.
City-St-Zip: TAMPA, FL 336296439

Title: MGR () Delete
Name: WEISS, LISA R
Address: 2819 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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

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: LISA R. WEISS

MGR

08/20/2008

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