

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043434

FILED  
Apr 14, 2009  
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:

2819 BAYSHORE TRAILS DR.  
TAMPA, FL 33611

## Current Mailing Address:

2611 CLARK ROAD  
TAMPA, FL 33618

## New Mailing Address:

2819 BAYSHORE TRAILS DR.  
TAMPA, FL 33611

FEI Number: 65-1246526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDRICKS, CLARK  
2611 CLARK ROAD  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

WEISS, LISA  
2819 BAYSHORE TRAILS DR  
TAMPA, FL 33611 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: LISA R. WEISS

04/14/2009

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: MGR (X) Change ( ) Addition  
Name: FLASKAY, NICHOLAS  
Address: 3435 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33629

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

MM

04/14/2009

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