## 2006 LIMITED LIABILITY COMPANY

## May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2006 90045 035 \*\*\*\*50.00 DOCUMENT # L05000047308 1. Entity Name SILVÉR RUTLAND, LLC 20043316 Principal Place of Business Mailing Address 6001 BROKEN SOUND PARKWAY, SUITE 600 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487 BOCA RATON, FL 33487 3. Mailing Address 1001 East Telecom Drive 2. Principal Place of Business 1001 East Telecom Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) Applied For Boca Raton, FL Boca Raton, FL 4. FEI Number 20-2923018 Not Applicable Country Country 33431 $\frac{700}{33431}$ \$5.00 Additional USA 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, DAVID M Street Address (P.O. Box Number is Not Acceptable) 249 ROYAL PALM WAY, SUITE 501 PALM BEACH, FL 33480 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITI F MGRM ☐ Delete TITLE ☐ Change ☐ Addition Silver Capital, LLC NAME NAME STREET ADDRESS STREET ADDRESS 1001 East telecom Drive CITY+ST-7IP Boca Raton, FL 33431 CITY-ST-7/P TITLE ☐ Delete TITI F ☐ Change ☐ Addition Minniear Holdings, LLC NAME NAME 1001 East Telecom Drive STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY+ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Silver Capital Manager, LLC NAME 1001 East Telecom Drive Boca Raton, FL 33431 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 mal limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

☐ Delete

SIGNATURE:

SECNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

4/28/06

561/981-5252

FILED

Davime Phone #

☐ Change

☐ Addition