
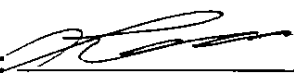


FILED
May 02, 2006 8:00 am
Secretary of State

20043316

DOCUMENT # L05000047308				05-02-2006 90045 035 *****50.00	
1. Entity Name SILVER RUTLAND, LLC					
Principal Place of Business 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487		Mailing Address 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON, FL 33487			
2. Principal Place of Business 1001 East Telecom Drive		3. Mailing Address 1001 East Telecom Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33431	Country USA	Zip 33431	Country USA		
6. Name and Address of Current Registered Agent SHAW, DAVID M 249 ROYAL PALM WAY, SUITE 501 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent 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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Silver Capital, LLC 1001 East telecom Drive Boca Raton, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Minnier Holdings, LLC 1001 East Telecom Drive Boca Raton, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Silver Capital Manager, LLC 1001 East Telecom Drive Boca Raton, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: 			4/28/06 561/981-5252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		