2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000047308

1. Entity Name SILVER RUTLAND, LLC



Principal Place of Business

1001 E TELECOM DR BOCA RATON, FL 33431 Mailing Address

1001 E TELECOM DR BOCA RATON, FL 33431

FILED Apr 29, 2008 8:00 am Secretary of State

4-29-2008 90027 005 ***138.75

PANATOTA



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2923018

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SILVER CAPITAL, LLC
STREET ADDRESS	1001 E TELCOM DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	MINNIEAR HOLDINGS, LLC
STREET ADDRESS	1001 E TELCOM DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CFO
NAME	HOLHOUSER, JESSEE A
STREET ADDRESS	1001 E TELECOM DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	P
NAME	MINNIEAR, EDWARD O
STREET ADDRESS	1001 E TELECOM DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CEO
NAME	SILVER, LARRY D
STREET ADDRESS	1001 E TELECOM DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

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

Jesse A. Holshouser, III, CFO 04/21/08 (561) 981-82\$2

Daytime Phone #