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May 24, 2006 8:00 am
Secretary of State

03-23-2006 90268 033 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000059699

1. Entity Name
SILO PROPERTIES LLC

30008900

Principal Place of Business	Mailing Address
3235 HWY 70 W OKEECHOBEE, FL 34972	3235 HWY 70 W OKEECHOBEE, FL 34972

03162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3252 nw. 1st.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee	City & State
Zip: 34972 Country: USA	Zip Country

4. FEI Number: 20-3039355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DOMINGUEZ, JOAQUIN D~~ ~~3235 HWY 70 W~~ ~~OKEECHOBEE, FL 34972~~	Name: Street Address (P.O. Box Number is Not Acceptable): 3252 NW. 1st. City: Okeechobee FL Zip Code: 34972

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR DOMINGUEZ ENTERPRISE, INC ~~3235 HWY 70 W~~ ~~OKEECHOBEE, FL 34972~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3252 nw 1st. Okeechobee Fl. 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X J. Dominguez 3/15/06 6979008 (863)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #