


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90145 015 \*\*\*\*50.00

<b>DOCUMENT # L05000059699</b>		
1. Entity Name SILO PROPERTIES LLC		

Principal Place of Business <del>3252 N.W. 1 ST</del> <del>OKEECHOBEE, FL 34972 US</del>	Mailing Address <del>3252 N.W. 1 ST</del> <del>OKEECHOBEE, FL 34972 US</del>
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**60004312**



2. Principal Place of Business - No P.O. Box # <b>217 SE 5 Ave.</b>	3. Mailing Address <b>217 SE 5 Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01182007 Chg-LLC CR2E083 (12/06)

City & State <b>Okeechobee</b>	City & State <b>Okeechobee</b>
Zip <b>34974</b>	Zip <b>34974</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-3039355</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DOMINGUEZ, JOAQUIN D</b> <b>3252 NW 1 ST</b> <b>OKEECHOBEE, FL 34972</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3252 NW 1 ST</b> <b>Okeechobee</b> <b>FL</b> Zip Code <b>34974</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to:</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DOMINGUEZ ENTERPRISE, INC</b> <b>3235 HWY 70 W</b> <b>OKEECHOBEE, FL 34972</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>217 SE 5 Ave</b> <b>Okeechobee, FL</b> <b>34974</b>
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
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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.

<b>SIGNATURE:</b> 	<b>1/18/07</b>	<b>305 807 401</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #