

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-17-2006 90061 002 *****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000063852					
1. Entity Name SILVER SHACK LLC					
Principal Place of Business 2270 MILL STREAM COURT NAPLES, FL 34109			Mailing Address 2270 MILL STREAM COURT NAPLES, FL 34109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3070823	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHLINDER, JOSEPH M 2270 MILL STREAM COURT NAPLES, FL 34109			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>Joseph Schlinder</i>		SIGNATURE <i>Joseph Schlinder</i>		DATE 2/4/06	
Filing Fee is \$60.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME MEM	TITLE NAME Joseph Schlinder	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2270 Mill Stream Ct	STREET ADDRESS 2270 Mill Stream Ct		STREET ADDRESS		
CITY- ST- ZIP Naples, FL 34109	CITY- ST- ZIP Naples, FL 34109		CITY- ST- ZIP		
TITLE NAME	TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP		
TITLE NAME	TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP		
TITLE NAME	TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP		
TITLE NAME	TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP	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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Joseph Schlinder</i>		SIGNATURE: <i>Joseph Schlinder</i>		DATE: 1/15/06 Phone #: 239-601-0006	
SIGNATURE REQUIRED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	