2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000080517

1. Entity Name
SILVER OAKS MHC, LLC

Principal Place of Business	Mailing Address
4900 SE 102ND PLACE BELLEVIEW, FL 34420	1518 N. AVON STREET BURBANK, CA 91505

DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
43-2087923

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, RICHARD S IV
ICARD, MERRILL, CULLIS, TIMM, ET AL
2033 MAIN STREET, SUITE #600
SARASOTA, FL 34237

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

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

U00000876335
04/11/08-80069-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EVERGREEN COMMUNITIES, LLC
STREET ADDRESS	1518 N. AVON STREET
CITY-ST-ZIP	BURBANK, CA 91505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Julio C. Jaramillo 3/26/08 (818) 753-2453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
(Managing Member)