

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093201

Entity Name: SILVERBACK DEVELOPMENT, LLC

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131

New Principal Place of Business:

8209 STONE TRAIL DRIVE
BETHESDA, MD 20817

Current Mailing Address:

1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131

New Mailing Address:

8209 STONE TRAIL DRIVE
BETHESDA, MD 20817

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, CARNE M
C/O HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEVINE, CARRIE M
C/O HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131 US

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.

SIGNATURE: CARRIE M. LEVINE

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM Change (X) Addition
Name: KURTZ, BENJAMIN
Address: 8209 STONE TRAIL DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: Delete
Name:
Address:
City-St-Zip:

Title: MGRM Change (X) Addition
Name: BOGART, PATRICK
Address: 8209 STONE TRAIL DRIVE
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN KURTZ

MGRM

03/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date