

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90034 023 ****50.00



DOCUMENT # L05000105258
 1. Entity Name
SILVERSTONE REALTY, L.L.C.

Principal Place of Business Mailing Address
10250 SOUTHEAST HIGHWAY 441 **13161 SOUTHEAST 91ST COURT ROAD**
BELLEVIEW, FL 34420 **SUMMERFIELD, FL 34491**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
13161 Southeast 91st Court Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Summerfield, FL

Zip Country Zip Country
34491 **USA** **USA**

01052007 **Chg-LLC** **CR2E083 (12/06)**

4. FEI Number Applied For
20-3705690 Not Applicable

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



6. Name and Address of Current Registered Agent
FLANAGAN, GREGORY S
2701 SOUTHEAST MARICAMP ROAD, SUITE 104
OCALA, FL 34471

7. Name and Address of New Registered Agent
 Name
Amy Reed
 Street Address (P.O. Box Number is Not Acceptable)
4 Southeast Broadway
 City State Zip Code
Ocala **FL** **34478**

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 *Amy Reed* DATE 1-18-07
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, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEBERT, RAYMOND R 10250 SOUTHEAST HIGHWAY 441 BELLEVIEW, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13161 Southeast 91st Court Road Summerfield, FL 34491
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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: *Raymond R Hebert* DATE: 1-18-07 DAYTIME PHONE: 3053077539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #