


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 10250 SOUTHEAST HIGHWAY 441 BELLEVIEW, FL 34420			Mailing Address 13161 SOUTHEAST 91ST COURT ROAD SUMMERFIELD, FL 34491			
2. Principal Place of Business - No P.O. Box # 13161 Southeast 91st Court		3. Mailing Address Road				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Summerfield, FL		City & State		4. FEI Number 20-3705690		
Zip 34491		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 Ocala		
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.				DATE 1-18-07		
SIGNATURE <i>Amy Reed</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1-18-07		
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	
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	
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.						
SIGNATURE: <i>Raymond R Hebert</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 1-18-07 3053077539		