

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107117

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SILVER DOLLAR INVESTMENTS, LLC

**Current Principal Place of Business:**

134 EAST CALL STREET  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

134 EAST CALL STREET  
STARKE, FL 32091 US

**New Mailing Address:**

FEI Number: 20-3741951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOULTON, CLAUDE R  
2014 NORTH LAURA STREET  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

BOSSHARDT, KIM  
5532A NW 43RD STREET  
GAINESVILLE, FL 32653 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: KIM BOSSHARDT

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITE, JOB E  
Address: 134 EAST CALL STREET  
City-St-Zip: STARKE, FL 32091 US

Title: MGRM ( ) Delete  
Name: BOSSHARDT, CAROL R  
Address: 5542 NE 43RD. ST.  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, THOMAS W JR  
Address: 134 EAST CALL STREET  
City-St-Zip: STARKE, FL 32091 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, THOMAS W JR  
Address: 2563 SW 87TH DRIVE, SUITE 10  
City-St-Zip: GAINESVILLE, FL 32653 US

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: JOB WHITE

MGRM

04/29/2009

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