



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000116878 1. Entity Name SILVERCREST, LLC	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 18 AM 10:32

Principal Place of Business 15945 N.W. 81ST COURT MIAMI LAKES, FL 33016		Mailing Address 15945 N.W. 81ST COURT MIAMI LAKES, FL 33016	
2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



07122006 Chg-LLC CR2E083 (11/05)

4. FEI Number <i>20-3924416</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN
 % THERREL BALSDEN PA, SUNTRUST INT. CENTER
 ONE S.E. 3RD AVENUE, STE. 2950
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: *SAME*

Street Address (P.O. Box Number is Not Acceptable):

City: **FL** Zip Code:

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>DICK KC SIU</i> <i>15945 NW 81CT</i> <i>Miami Lakes FL 33016</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>700077780317</i> <i>07/20/06--01049--007 **50.00</i>
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
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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____