


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000116878 1. Entity Name SILVERCREST, LLC	
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Principal Place of Business 15945 N.W. 81ST COURT MIAMI LAKES FL 33016	Mailing Address 15945 N.W. 81ST COURT MIAMI LAKES FL 33016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 20-3924416	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	M <input type="checkbox"/> Delete
NAME	DICK KC SIU
STREET ADDRESS	15945 NW 81 CT
CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000596081
CITY-ST-ZIP	01/23/07-80066-002 55.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.