2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# L06000001166

Entity Name: SILKCO, LLC

Current Principal Place of Business:

3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 32132

New Principal Place of Business:

3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 321326969 US

Current Mailing Address:

3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 32132

New Mailing Address:

PO BOX 1329
EDGEWATER, FL 321321329 US

FEI Number: 42-1693624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCASKILL, LARRY N
3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCCASKILL, LARRY N
Address: 3450 OLD DAWSON RANCH ROAD
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCCASKILL, LARRY N
Address: 3450 OLD DAWSON RANCH ROAD
City-St-Zip: EDGEWATER, FL 321326969 US

Title: SEC ( ) Change (X) Addition
Name: MCCASKILL, KATHLEEN M
Address: 3450 OLD DAWSON RANCH RD
City-St-Zip: EDGEWATER, FL 321326969 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY N MCCASKILL MGR 03/01/2007

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