

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014886

Entity Name: SILVER COVE, LLC

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

250 CATALONIA AVENUE, STE. 404  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

156 ALMERIA AVENUE  
SUITE 205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

250 CATALONIA AVENUE, STE. 404  
CORAL GABLES, FL 33134

**New Mailing Address:**

2604 NORTH GREENWAY DRIVE  
CORAL GABLES, FL 33134

FEI Number: 20-4292360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PEREZ, ANTHONY J ESQ.  
100 ALMERIA AVENUE, STE. 200  
CORAL GABLES, FL 33134 US

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

PEREZ, ANTHONY J ESQ.  
156 ALMERIA AVENUE  
SUITE 205  
CORAL GABLES, FL 33134 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: ANTHONY J. PEREZ

04/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEREZ, GUSTAVE I  
Address: 250 CATALONIA AVENUE, STE. 404  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PEREZ, GUSTAVE I  
Address: 156 ALMERIA AVENUE SUITE 205  
City-St-Zip: CORAL GABLES, FL 33134

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: GUSTAVE I PEREZ

MGR

04/13/2007

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