

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031191

Entity Name: SILVER PALMS APTS. LLC

FILED  
Apr 21, 2007  
Secretary of State

**Current Principal Place of Business:**

C/O LAWRENCE H. FEDER, ESQ.  
3900 HOLLYWOOD BLVD., SUITE 103  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

13016 LEEDS COURT  
TAMPA, FL 33612

**Current Mailing Address:**

C/O LAWRENCE H. FEDER, ESQ.  
3900 HOLLYWOOD BLVD., SUITE 103  
HOLLYWOOD, FL 33021

**New Mailing Address:**

13016 LEEDS COURT (OFFICE)  
TAMPA, FL 33612

FEI Number: 83-0453314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FEDER, LAWRENCE H ESQ  
3900 HOLLYWOOD BLVD., SUITE 103  
HOLLYWOOD, FL 33021 US

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

RAMON, ELVIS  
13016 LEEDS COURT (OFFICE)  
TAMPA, FL 33612 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: ELVIS RAMON

04/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAMON, ELVIS  
Address: 3900 HOLLYWOOD BLVD., SUITE 103  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAMON, ELVIS  
Address: 13016 LEEDS COURT (OFFICE)  
City-St-Zip: TAMPA, FL 33612

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: ELVIS RAMON

MGRM

04/21/2007

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