


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90193 029 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                  |                                                                   |
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| DOCUMENT # L06000033890                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                 |                                                                   |
| 1. Entity Name<br>SYLVIA PLACE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>1540 HUNTLEIGH COURT<br>OLDSMAR FL 34677-5100                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  | Mailing Address<br>1540 HUNTLEIGH COURT<br>OLDSMAR FL 34677-5100                                                                 |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  | 3. Mailing Address                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | Suite, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                          | Zip                                                                                                                              | Country                                                           |
| 6. Name and Address of Current Registered Agent<br><br>BURROWBRIDGE, SUSAN T<br>1540 HUNTLEIGH COURT<br>OLDSMAR FL 34677-5100                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                  |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                                                                  |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>BURROWBRIDGE, SUSAN T<br>1540 HUNTLEIGH COURT<br>OLDSMAR FL 34677-5100 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGR<br>THE BURROWBRIDGE FAMILY IRREVOCABLE GRANTO<br>838 CHILDS POINT ROAD<br>ANNAPOLIS MD 21401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                                                  |                                                                                                                                  |                                                                   |
| SIGNATURE: <u>Susan T. Burrowbridge</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  | Date: <u>2-20-07</u>                                                                                                             | License/Phone #: <u>787-781-5602</u>                              |
| SUSAN T. BURROWBRIDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                  |                                                                   |