

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90196 041 ****50.00

DOCUMENT # L06000060650 1. Entity Name SILVA & PALOMINO INVESTMENT PROPERTIES, LLC					
Principal Place of Business 15866 NW 10TH ST PEMBROKE PINES, FL 33028			Mailing Address 15866 NW 10TH ST PEMBROKE PINES, FL 33028		
2. Principal Place of Business - No P.O. Box # 17684 S.W. 47th ST Suite, Apt. #, etc. MIRAMAR - FL. 33029		3. Mailing Address 17684 S.W. 47th ST. Suite, Apt. #, etc. MIRAMAR - FL.			
City & State 33029 USA		City & State 33029 USA		4. FEI Number 20-4445967	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SILVA, JOSEFINA E 15866 NW 10TH ST PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVA, JOSEFINA E 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMINO, JOHON F 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMINO, JOHON F 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMINO, JOHON F 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMINO, JOHON F 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMINO, JOHON F 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMINO, JOHON F 15866 NW 10TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.					
SIGNATURE: <u>Josefina Silva</u> 3/15/07 (305) 978-9078 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					