2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# L06000068467

Entity Name: SUID SILVER STAR, LLC

Current Principal Place of Business:

2621 WINDSORGATE LANE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

2621 WINDSORGATE LANE
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STONE, STEPHEN M ESQ
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

OMAR, SUID
2621 WINDSORGATE LANE
ORLANDO, FL 32828 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: OMAR SUID 02/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUID, NAEM
Address: 2621 WINDSORGATE LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM ( ) Delete
Name: SUID, NORAH
Address: 2621 WINDSORGATE LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM ( ) Delete
Name: SUID, OMAR
Address: 2621 WINDSORGATE LANE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OMAR SUID MGRM 02/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date