

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097403

FILED
Apr 15, 2008
Secretary of State

Entity Name: SLM2, LLC

Current Principal Place of Business:

19546 SATURNIA LAKES DR.
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

19546 SATURNIA LAKES DR.
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 20-5678487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, STEPHEN B
19546 SATURNIA LAKES DR.
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDERS, STEPHEN B
Address: 19546 SATURNIA LAKES DR.
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: SANDERS, BEVERLY
Address: 19546 SATURNIA LAKES DR.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: GRABER, YVONNE
Address: 9371 VEDRA POINTE LANE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: GRABER, MICHAEL
Address: 9371 VEDRA POINTE LANE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: ONTANO, JULIA
Address: 20317 MONTEVERDI CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: ONTANO, RAUL
Address: 20317 MONTEVERDI CIRCLE
City-St-Zip: BOCA RATON, FL 33498

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:

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 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: BEVERLY SANDERS

MGRM

04/15/2008

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