
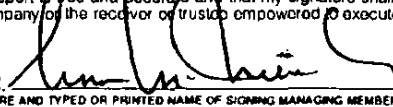


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90220 003 \*\*\*\*50.00

|  |                       |   |  |  |                                   |
|--|-----------------------|---|--|--|-----------------------------------|
| DOCUMENT # L06000107143<br>1. Entity Name<br>SILVER PALMS TOWNHOUSE, LLC   |                       |   |  |         |                                   |
| Principal Place of Business<br>12000 SW 88 AVENUE<br>MIAMI FL 33176  |                       | Mailing Address<br>12000 SW 88 AVENUE<br>MIAMI FL 33176 |  |  |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                       | 3. Mailing Address                                      |  |  |                                   |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.                                     |  |  |                                   |
| City & State   |                       | City & State  |  | 4. FEI Number<br>20-5831024  |                                   |
| Zip  | Country               | Zip   | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br>NIERENBERG, NORMAN M<br>12000 SW 88 AVENUE<br>MIAMI FL 33176  |                       |   | 7. Name and Address of New Registered Agent        |  |                                   |
| Name   |                       |   | Name   |  |                                   |
| Street Address (P.O. Box Number is Not Acceptable)   |                       |   | Street Address (P.O. Box Number is Not Acceptable) |  |                                   |
| City   |                       |   | City   |  |                                   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when registering)</small>   |                       |   |  |  |                                   |
| <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  | MGR                   | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | NIERENBERG, NORMAN M  |   | NAME   |  |                                   |
| STREET ADDRESS   | 12000 SW 88 AVENUE    |   | STREET ADDRESS                                     |  |                                   |
| CITY- ST- ZIP  | MIAMI FL 33176        |   | CITY- ST- ZIP                                      |  |                                   |
| TITLE  | MGR                   | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | KRAUSE, FAITH         |   | NAME   |  |                                   |
| STREET ADDRESS   | 641 PALMARITO COURT   |   | STREET ADDRESS                                     |  |                                   |
| CITY- ST- ZIP  | CORAL GABLES FL 33134 |   | CITY- ST- ZIP                                      |  |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME   |  |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS                                     |  |                                   |
| CITY- ST- ZIP  |                       |   | CITY- ST- ZIP                                      |  |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME   |  |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS                                     |  |                                   |
| CITY- ST- ZIP  |                       |   | CITY- ST- ZIP                                      |  |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME   |  |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS                                     |  |                                   |
| CITY- ST- ZIP  |                       |   | CITY- ST- ZIP                                      |  |                                   |
| 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:    |                       |   | 1/30/07 305 801-5224                               |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                       |   | Date Copy of Form #                                |  |                                   |