2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000087664

1. Entity Name SHG GERMANTOWN, LLC



FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90026 007 ***138.75

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Zip Country Zip Country S. Contricted of Status Desired \$5.00 Additional Foe Required \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E0	83 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, o	City & State		City & State			4. FEI Numb	0-081296	4		
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TALLAHASSEE, FL 32301-2525 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 SILVER LARRY D SIRET ADDRESS CITY-S1-7P BOCA RATON, FL 33431 Delete SIRET ADDRESS CITY-S1-7P DECO Delete SIRET ADDRESS CITY-S1-7P DELET Change Addition MAKE SIRET ADDRESS CITY-S1-7P Delete SIRET ADDRESS CITY-S1-7P DELET Change Addition MAKE SIRET ADDRESS CITY-S1-7P Change Addition MAKE Change Ch	CORPORATION SERVICE COMPANY				-1-1	(DO Do Number in Mar Assessable)				
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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		certify that the information supplied with	this filing does not qualify for t	<u> </u>	ontained i	in Chanter 110	P Florida Statutes 1 fu	irther certify	that the info	rmation

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.

By: Silver Capital Advisors LIC, Manager

Jesse A. Holshouser, CFO 04/21/08 (561) 981–5252

GNATURE: By: Silver Capital

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jesse A. Holshouser, CFO 04/21/08 (561) 981-5252

Date

Daytime Phone #