


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90064 047 \*\*\*138.75  
 04-09-2008 90126 027 \*\*\*\*\*5.00

**DOCUMENT # L07000088858**

1. Entity Name  
 SILVA PROPERTIES OF CENTRAL FLORIDA, LLC



Principal Place of Business  
 8831 SE 159TH PLACE  
 SUMMERVILLE, FL 34491

Mailing Address  
 8831 SE 159TH PLACE  
 SUMMERVILLE, FL 34491

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State


City & State

Zip Country

**6. Name and Address of Current Registered Agent**

DEAN, MICHAEL E  
 230 NE 25TH AVENUE  
 SUITE 100  
 OCALA, FL 34470

**60021161**



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 26-2307468  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, MARIO 8831 SE 159TH PLACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, GLORIA 8831 SE 159TH PLACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:** *Mario Silva* **4-1-08** **352-345-4780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #