

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125904

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** SILVERCRESTED MANAGEMENT, LLC

**Current Principal Place of Business:**

3436 HANCOCK BRIDGE PKWY  
SUITE 4  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1848  
FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 36-4627403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN TILBURG, CHAD M PRES  
3436 HANCOCK BRIDGE PKWY  
SUITE 4  
NORTH FORT MYERS, FL 33903 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: PM ( ) Delete  
Name: VAN TILBURG, CHAD M  
Address: 3815 S W 7TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VSTM ( ) Delete  
Name: COLLINS, MICHELLE A  
Address: 8340 BOOSBORO ROAD  
City-St-Zip: NORT FORT MYERS, FL 33917

**ADDITIONS/CHANGES:**

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:** MICHELLE A. COLLINS

VSTM

01/26/2009

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