

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125904

FILED  
Jan 05, 2012  
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:**

1490 NE PINE ISLAND ROAD  
SUITE 8D  
CAPE CORAL, FL 33909

**Current Mailing Address:**

P. O. BOX 1848  
FORT MYERS, FL 33903

**New Mailing Address:**

P. O. BOX 1848  
FORT MYERS, FL 33902

**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:**

VAN TILBURG, CHAD M PRES  
1490 NE PINE ISLAND ROAD  
SUITE 8D  
CAPE CORAL, FL 33909 US

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:

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PM  
Name: VAN TILBURG, CHAD M  
Address: 4924 EDITH ESPLANADE  
City-St-Zip: CAPE CORAL, FL 33914

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

I hereby 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 COLLINS

VSTM

01/05/2012

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