

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000937

Entity Name: SILVER LINING, LLC

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

2935 SW 22ND. AVE.
STE 106, BLDG. 19
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2935 SW 22ND. AVE.
STE 106, BLDG. 19
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0783549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARIAN, LORI C
2935 SW 22ND. AVE.
STE 106, BLDG. 19
DELRAY BEACH, FL 33445 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: MGR () Delete
Name: SARIAN, LORI
Address: 2805 SW 22ND AVENUE SUITE 105 BLDG 9
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR () Delete
Name: SARIAN, CHRIS
Address: 2805 SW 22ND AVENUE SUITE 105 BLDG 9
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARIAN, LORI
Address: 2935 SW 22ND. AVE., STE 106, BLDG. 19
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR (X) Change () Addition
Name: SARIAN, CHRIS
Address: 2935 SW 22ND. AVE., STE 106, BLDG. 19
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS SARIAN

MGR

02/09/2006

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