

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000001454

1. Entity Name
SILVERADO REALTY, LLC



Principal Place of Business
**C/O HINES AND CORLEY LLC
55 HAYDEN AVE., STE. 3200
LEXINGTON, MA 02421**

Mailing Address
**C/O HINES AND CORLEY LLC
55 HAYDEN AVE., STE. 3200
LEXINGTON, MA 02421**



01102006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2668689

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS ST., STE. 400
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and address if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000410309
02/09/06-80030-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
HINES, EDWARD F JR
55 HAYDEN AVE., STE. 3200
LEXINGTON, MA 02421**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
CORLEY, NOLLY E
55 HAYDEN AVE., STE. 3200
LEXINGTON, MA 02421**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Nolly Corley

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

1/11/06

Date

781-274-7101

Daytime Phone #