


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90032 010 ****50.00

DOCUMENT # M03000001454	
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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



2. Principal Place of Business - No P.O. Box #

C/O Goodrich, LLC

Suite, Apt. #, etc.

55 Hayden Ave, Suite 3200

City & State

Lexington, MA

Zip

02421

Country

USA

3. Mailing Address

Goodrich, LLC

Suite, Apt. #, etc.

55 Hayden Ave, Suite 3200

City & State

Lexington, MA

Zip

02421

Country

USA

01042007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	HINES, EDWARD F JR	
STREET ADDRESS	55 HAYDEN AVE., STE. 3200	
CITY-ST-ZIP	LEXINGTON, MA 02421	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CORLEY, NOLLY E	
STREET ADDRESS	55 HAYDEN AVE., STE. 3200	
CITY-ST-ZIP	LEXINGTON, MA 02421	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Marzilli	
STREET ADDRESS	55 Hayden Ave, Suite 3200	
CITY-ST-ZIP	Lexington, MA 02421	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **NOLLY CORLEY**

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

1/4/2007

Date

781-274-7101

Daytime Phone #