


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90048 037 ****55.00

DOCUMENT # M03000002355					
1. Entity Name SILVER HILL FINANCIAL, LLC					
Principal Place of Business 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146			Mailing Address 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1177199	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD 4TH FLOOR MIAMI, FL 33146			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP QUINT, DAVID E 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVT WEGNER, ROBERT A 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATSV FISCHER, JOHN H 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV SCHWARTZ, JOANNA 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV O'BRIEN, RICHARD 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP Boggiano, Michael 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS Bomstein, Brian E 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS Carr, Thomas 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lominac, Eve 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPMD Schwartz, Joanna 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Hamilton, Nina 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		(David Quint) Feb. 25, 2005		305-854-8880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

ATTACHMENT
80016359

10. SILVER HILL FINANCIAL, LLC
DOCUMENT NO. M03000002355

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HALL, ROBERT		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		