

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90002 042 \*\*\*\*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**

**20014309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**57-1177199**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$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

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, 2006**

**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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
Boggiano, Michael  
4425 Ponce de Leon Blvd., 4th Flr  
Coral Gables, FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
BOMSTEIN, BRIAN E  
4425 PONCE DE LEON BLVD, 4TH FLOOR  
CORAL GABLES, FL 33146** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP/S  
Bomstein, Brian E  
4425 Ponce de Leon Blvd., 4th Flr  
Coral Gables, FL 33146** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVT  
WEGNER, ROBERT A  
4425 PONCE DE LEON BLVD, 4TH FLOOR  
CORAL GABLES, FL 33146** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/AS  
Carr, Thomas F  
4425 Ponce de Leon Blvd., 4th Flr  
Coral Gables, FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ATSV  
FISCHER, JOHN H  
4425 PONCE DE LEON BLVD, 4TH FLOOR  
CORAL GABLES, FL 33146** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Lominac, Eve  
4425 Ponce de Leon Blvd., 4th Flr  
Coral Gables, FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPD  
SCHWARTZ, JOANNA  
4425 PONCE DE LEON BLVD, 4TH FLOOR  
CORAL GABLES, FL 33146** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Hall, Robert  
4425 Ponce de Leon Blvd., 4th Flr  
Coral Gables, FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SV  
O'BRIEN, RICHARD  
4425 PONCE DE LEON BLVD, 4TH FLOOR  
CORAL GABLES, FL 33146** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Hamilton, Nina  
4425 Ponce de Leon Blvd., 4th Flr  
Coral Gables, FL 33146** ☐ Change ☒ Addition

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:**

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

Date

Expiring 12/31/06

*David Quint, Mgr.*

*3/6/06 305-854-8820*

*Cont*

# ATTACHMENT 20014309

DOCUMENT NO. M03000002355  
SILVER HILL FINANCIAL, LLC.

## 10. ADDITIONS/CHANGES

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | VP  | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Wancier, Salomon                                |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | VP  | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Williams, Marvin                                |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | VP  | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Silberman, Art                                  |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | AVP   | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Alvarez, Jorge                                  |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | AS  | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Sanchez, Naida                                  |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | AS  | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Haynes, Dale                                    |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |

|                |   |                          |        |                                     |          |
|----------------|---|--------------------------|--------|-------------------------------------|----------|
| TITLE          | AS  | <input type="checkbox"/> | Change | <input checked="" type="checkbox"/> | Addition |
| NAME           | Bushman, Orlee                                  |                          |        |                                     |          |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor |                          |        |                                     |          |
| CITY – ST- ZIP | Coral Gables, Florida 33146                     |                          |        |                                     |          |