

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90188 032 ****50.00

60021717



03052007 Chg-LLC CR2E083 (12/06)

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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 57-1177199		
Zip		Country		Applied For Not Applicable		
Zip		Country		5. Certificate of Status Desired <input 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)						
Signature, typed or printed name of registered agent and title if applicable		DATE				
Filing Fee is \$50.00 Due by May 1, 2007		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	SV/S BOMSTEIN, BRIAN E. 4425 Ponce de Leon Blvd, 4th Flr Coral Gables, FL 33146	
SV/S BOMSTEIN, BRIAN E. 4425 Ponce de Leon Blvd, 4th Flr Coral Gables, FL 33146	SV/S WEGNER, ROBERT A 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		<input type="checkbox"/> Delete	SV/CAO/T WEGNER, ROBERT A 4425 Ponce de Leon Blvd, 4th Flr. Coral Gables, FL 33146		
SV/CAO/T WEGNER, ROBERT A 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	SV/CAO/T FISCHER, JOHN H 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		<input type="checkbox"/> Delete	SV/CAO/T FISCHER, JOHN H 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		
SV/CAO/T FISCHER, JOHN H 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	SV/CAO/T SV/CAO/T SCHWARTZ, JOANNA 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		<input type="checkbox"/> Delete	SV/CAO/T SCHWARTZ, JOANNA 4425 Ponce de Leon Blvd, 4th Flr Coral Gables, FL 33146		
SV/CAO/T SCHWARTZ, JOANNA 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	SV/CAO/T SV/CAO/T O'BRIEN, RICHARD 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		<input checked="" type="checkbox"/> Delete	SV/CAO/T O'BRIEN, RICHARD 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146		
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: _____			3/7/07 305-854-8880			
DAVID QUINT			Date Daytime Phone #			

ATTACHMENT

60021717

10. SILVER HILL FINANCIAL, LLC
DOCUMENT NO. M03000002355

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

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

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

TITLE	V	<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		

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

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

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

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

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, DAVID		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		

ATTACHMENT

60021717

M03060002355

CITY-ST-ZIP	CORAL GABLES, FL 33146
-------------	------------------------

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

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

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

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

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

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