

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000883

Entity Name: BROWN, SILK & STEINER, L.L.C.

FILED  
Jan 25, 2005  
Secretary of State

**Current Principal Place of Business:**

1 VILLAGE RD.  
HORSHAM, PA 19044

**New Principal Place of Business:**

**Current Mailing Address:**

1 VILLAGE RD.  
HORSHAM, PA 19044

**New Mailing Address:**

FEI Number: 26-0058478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REAMS, LUCY  
3375 CAPITAL CIRCLE NE, BLDG. C  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BROWN, JAMES A  
Address: 1 VILLAGE RD.  
City-St-Zip: HORSHAM, PA 19044

Title: MGR ( ) Delete  
Name: STEINER, DANIEL S  
Address: 1 VILLAGE RD.  
City-St-Zip: HORSHAM, PA 19044

Title: MGR ( ) Delete  
Name: SILK, THOMAS P  
Address: 1 VILLAGE RD.  
City-St-Zip: HORSHAM, PA 19044

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS SILK

MGR

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date