

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004595

FILED  
May 08, 2005  
Secretary of State

**Entity Name:** SILVERGLADE CAPITAL ADVISORS, LLC

**Current Principal Place of Business:**

398 SE MIZNER BLVD., - #1917  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

398 SE MIZNER BLVD., - #1917  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 73-1698118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HELLER, GREG  
398 SE MIZNER BLVD., #1917  
BOCA RATON, FL 33432      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: HELLER, GREG  
Address: 398 SE MIZNER BLVD., #1917  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: KOUTSAFTES, GEORGE  
Address: 79 TWIN FALLS RD  
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

**ADDITIONS/CHANGES:**

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: GEORGE KOUTSAFTES

MGR

05/08/2005

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