2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000005409

1. Entity Name
SILVER INVESTMENTS, LLC

Principal Place of Business	Mailing Address
239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134	239 CLEAR BROOK TRAIL DOUGLASVILLE, GA 30134

04252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1793943
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RASEY, CAROLYN
99 CIRCLE DRIVE
NOKOMIS, FL 34275-1564

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000935630
05/23/08-80075-016 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	NOBLE, CAROL G
STREET ADDRESS	239 CLEAR BROOK TRAIL
CITY-ST-ZIP	DOUGLASVILLE, GA 30134
TITLE	MGR
NAME	COCHRAN, LOUISE B
STREET ADDRESS	7910 SOUTH GILES ROAD
CITY-ST-ZIP	DOUGLASVILLE, GA 30135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Louise B. Cochran 4-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #