2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005957

1. Entity Name

SILVERSMITH CREEK FLORIDA, LLC

FILED Apr 04, 2008 08:00 A Secretary of State

Principal Place of Business

12100 WILSHIRE BLVD., SUTIE 250 LOS ANGELES, CA 90025 Mailing Address

12100 WILSHIRE BLVD., SUTIE 250 LOS ANGELES, CA 90025



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3700813		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATU	JRE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	FILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75		900000881478 04/16/08-80002-014 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	NATIONAL COMMERCIAL VENTURES, LLC		

12100 WILSHIRE BLVD., SUITE 250 STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

Richard Nathan Pres

412108

310-826-7301

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

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Daytime Phone #