2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 18, 2007 8:00 am Secretary of State 01-18-2007 90020 038 ****50.00

| DOCUMENT # M0600004800 1. Entity Name COLEMAN-SILVER LAKES LLC | | | | | | 01-18-2007 30 | 0020 036 | 30. | 00 |
|---|--|--|---|---|---|---|-------------------------------|--------------------------|---------------------|
| Principal Place of Business 9060 CIRCLE R. OAKS LANE ESCONDIDO, CA 92026 | | Mailing Address 9060 CIRCLE R. OAKS LANE ESCONDIDO, CA 92026 | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01122007 | Chg-LLC | CR2E08 | 3 (12/06) | | |
| City & State | | City & State | | 4. FEI Numbe | r | | 1 | plied For Applicable | |
| Zip | Country | Zip Country | | у | 5. Certificate | of Status Desired | | 5.00 Addi ee Required | |
| | 6. Name and Address of Current | | 7. Name and Address of New Registered Agent | | | | | | |
| CORPORATION SERVICE COMPANY | | | ŀ | Name | | | | | |
| 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | Street Address (| P.O. Box Numbe | r is Not Acceptable |) | | |
| | e vi | | | 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. | | | | | | | | and accept | |
| SIGNATURE . | | | | | | | | _ | |
| | Signature, typed or printed name of registered agent | and title if applicable (NOT | E Registered | Agent signature required | when reinstating) | _ | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | Make check payable to Florida Department of State | | | | |
| 9. | MANAGING MEMBERS/MANAGERS 1 | | | | | ADDITIONS/ | CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COLEMAN, FREDERICK M TRU 9060 CIRCLE R. OAKS LANE ESCONDIDO, CA 92026 | ☐ Delete | | T ADORESS ST-ZIP | | - · · - | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | MGRM COLEMAN, MARSHA D TRUST 9060 CIRCLE R. OAKS LANE ESCONDIDO, CA 92026 | EE Delete | | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| 11. I hereby of indicated limited lies | certify that the information supplied with on this report is true and accurate and billity company or the receiver or truste | n this filing does not qualify to | or the exen | nptions contained legal effect as if r | in Chapter 119, nade under oath | Florida Statutes. I fu that I am a manag | irther certify ging member | that the info | rmation r of the |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

1-12-07- 760.751-1805