

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-06-2007 90229 029 ****55.00

DOCUMENT # M06000004801 1. Entity Name MACKAY-SILVER LAKES LLC					
Principal Place of Business 1519 GRANITE CREEK BEAUMONT, CA 92223			Mailing Address 1519 GRANITE CREEK BEAUMONT, CA 92223		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				01082007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ (NOTE: 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKAY, ROBERT 1519 GRANITE CREEK BEAUMONT, CA 92223	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKAY, JOYCE 1519 GRANITE CREEK BEAUMONT, CA 92223	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 owner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			SIGNATURE: <u>Robert E. Mackay</u> Date: <u>4/3/07</u> Daytime Phone #: <u>951-572-5504</u>		

NO EMPLOYEES