


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004801</b> 1. Entity Name <b>MACKAY-SILVER LAKES LLC</b>	
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Principal Place of Business <b>1519 GRANITE CREEK BEAUMONT, CA 92223</b>	Mailing Address <b>1519 GRANITE CREEK BEAUMONT, CA 92223</b>
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**DO NOT WRITE IN THIS SPACE**



04082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

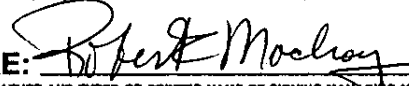
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKAY, ROBERT 1519 GRANITE CREEK BEAUMONT, CA 92223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKAY, JOYCE 1519 GRANITE CREEK BEAUMONT, CA 92223
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U00000898008  
04/25/08-80071-007 138.75

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/7/08 951-572-5504</b> <small>Date Daytime Phone #</small>
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