2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P97000099826 1. Entity Name SILVERLANE PROPERTIES, INC. Principal Place of Business Mailing Address 2800 PONCE DE LEON BLVD. 2800 PONCE DE LEON BLVD. **SUITE 1125** SUITE 1125 CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0820994 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BREIER, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 2800 PONCE DE LEON BLVD. **SUITE 1125** CORAL GABLES FL 33146 Zip Code FL a. 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 ministring) Signature, typed or printed name of registered agent and title if applicable DATÉ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition Delete ពាក់ស SILVERMAN, BARRY J NAME NAME U00000319021 04/20/05-800**83-001** 150.00 2800 PONCE DE LEON BLVD. SUITE 1125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Change Addition nne Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TIT[F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21E TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empty ered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaching with an address, with all other like empowered.

**FILED** 

SIGNATURE: Day Determine Bary 5 Silverman 4/15/65 305-205-0026