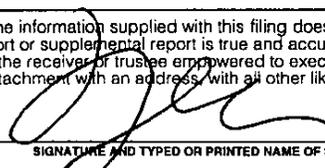


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000059530						FILED 06 JUL 19 5:33 SECRET TALLAHASSEE					
1. Entity Name SILVER ZELL, INC.				Principal Place of Business 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312				Mailing Address 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312			
2. Principal Place of Business			3. Mailing Address					 07182006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State								
Zip		Country		Zip		Country		4. FEI Number 65-0891495		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
HOLLANDER, WALTER J 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312						Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
<b>Amended AR Is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME		P/T HOLLANDER, WALTER 3109 STIRLING RD #200 FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete				TITLE NAME		P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP		800078232188 08/01/06--01050--002 **\$61.25			
TITLE NAME		VP/S HOLLANDER, DAVID G 3109 STIRLING RD #200 FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete				TITLE NAME		VP/S/D MELISSA ACKERMAN 3109 STIRLING RD #200 FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP					
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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 attachment with an address with all other like empowered.											
SIGNATURE: 						WALTER J. HOLLANDER 7/18/06 954-962-9700					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date Daytime Phone #</small>					