2007 FOR PROFIT CORPORATION --

FILED Feb 26, 2007 08:00 A tate

	AINIOAL I	<u> </u>		_		2007 00.
DOCUMENT # P98000059530 1. Entity Name SILVER ZELL, INC.				Secretary of St		
	o of Business IG ROAD, STE. 200 RDALE, FL 33312	Mailing Address 3109 STIRLING ROAD, STE. 20 FORT LAUDERDALE, FL 3331				
						D24 (14/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0891495	Chg-P CR2E	Applied For Not Applicable
				5. Certificate of Status	Desired	\$8.75 Additional Fee Required
3109 STIR	6. Name and Address of Current Re ER, WALTER J LING ROAD, STE. 200 IDERDALE, FL 33312	gistered Agent		ରି ବିଶ୍ୟାନ ଓଡ଼ିଆ । ପ୍ରତି ଓଡ଼ିଆ । ପ୍ରତି । ପ୍ରତି । ପ୍ରତି । ପ୍ରତି ଓଡ଼ିଆ । ପ୍ରତି । ପ୍ରତି । ବିଶ୍ୱ ନିର୍ଦ୍ଦ । ବିଶ୍ୱ ।	T WRIT S SPACE	ે કિલ્તા હોય તેઓ કહિતીઓ ફિલ્લોઇ હવેલીએ કે દિવસ છો છે. હાર્યાનું કહિતાલે દ્વારા હોયો કહિતાનો ફિલ્લોઇ કહિતાનો કહિતાનો છે.
	named entity submits this statement for toons of registered agent.	he purpose of changing its register	red office or registe	red agent, or both, in the	State of Florida. I am	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and take if applicable, (NOTE: Registered Agent signature required when renasting) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS	OFFICERS AND D PTD HOLLANDER, WALTER 3109 STIRLING RD #200	RECTORS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE, FL 33312 VSD ACKERMAN, MELISSA 3109 STIRLING RD #200 FT LAUDERDALE, FL 33312			1937	U0000064673 06407-30044	4 -018 150.88
TITLE NAME STREET ADDRESS CYTY-ST-ZIP				### 6### P# C# 15.6 ### 1. 5.7 # 50 #\$##### K# E# E# P# 6.1 (##: 16.6)	T WRIT	m er av bledet er stert 1.5 billet betalt bledet 15 billet. Sitalski i region 16 billet belok belok i 16 billet 15 bil
NAME STREET ADDRESS CITY-ST-ZIP	4			IN THI	S SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY ST. 718						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier and report by the and accorate 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 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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR