2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 Al Secretary of State

DOCUMENT # P980000 1. Entity Name SILVER ZELL, INC.						<i>J</i>
Principal Place of Business 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312	Mailing Address 3109 STIRLING ROAD, ST FORT LAUDERDALE, FL 3					
	rr IN TIUG OF		01152008 No Chg-P		E034 (11	
DO NOT WRI	IE IN THIS SE	ACE	4. FEI Number 65-0891495 5. Certificate of Status Desired	, 0	\$8.7: Fee Ri	Applied For Not Applicable 5 Additional equired
6. Name and Address of Culti- HOLLANDER, WALTER J 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312	rent Registered Agent		DO NOT V IN THIS S			
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its re	gistered office or register	red agent, or both, in the State of	Florida. I a	ım familiar	with, and accept

FILE NOW	III FEE IS	\$150.00
After May 1, 20	INR Foo w	III ha \$550.00

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(NOTE: Registered Agent signature required when reinstating)

U00000838039 03/05/08-80014-019 150,00

10. OFFICERS AND DIRECTORS PTD TITLE HOLLANDER, WALTER NAME STREET ADDRESS 3109 STIRLING RD #200 CITY-ST-ZIP FT LAUDERDALE, FL 33312 VSD TITLE NAME ACKERMAN, MELISSA STREET ADDRESS 3109 STIRLING RD #200 CITY-ST-ZIP FT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not challify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not chapter 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 acceiver 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 argoniment with an address, with all officer like empowered.

SIGNATURE