


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000073455
1. Entity Name
SILVERLANE MANAGEMENT, INC.



Principal Place of Business: **2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33146**
Mailing Address: **2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33146**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State, Zip, Country fields.

4. FEI Number: **59-3587970**
Applied For Not Applicable
5. Certificate of Status Desrod **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRIER, ROBERT G
2800 PONCE DE LEON BLVD. #1125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SILVERMAN, LAURIE K	2800 PONCE DE LEON BLVD. #1125	CORAL GABLES FL 33146	<input type="checkbox"/>
D	BIANCO, RONNI J	2800 PONCE DE LEON BLVD. #1125	CORAL GABLES FL 33146	<input type="checkbox"/>
D	SILVERMAN, BARRY J	2800 PONCE DE LEON BLVD., #1125	CORAL GABLES FL 33142	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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04/19/06-80064-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: *Barry Silverman*