

**2004 LIMITED PARTNERSHIP ANNUAL REPORT-(AR)  
DUE BY MAY 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 25 AM 8:32



<b>DOCUMENT # A03000000407</b>			
1. Entity Name <b>SILVERLAKES PROPERTY MANAGEMENT, LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>3120 46TH AVENUE NORTH ST. PETERSBURG FL 33714</b>		Mailing Address <b>3120 46TH AVENUE NORTH ST. PETERSBURG FL 33714</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>MADDUX, LISA 3120 46TH AVENUE NORTH ST. PETERSBURG FL 33714</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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.

9. Capital Contributions as Shown on record	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000016067	STREET ADDRESS	
NAME	L & R PROPERTY MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	3120 46TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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**PAID**

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Robert B. Maddux 02/27/2004 (727)521-0094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #