


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

-FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # A26959							
1. Entity Name SILVER CLARK ASSOCIATES, LTD.							
Principal Place of Business 3109 STIRLING RD. STE. #200 FT. LAUDERDALE, FL 33312 US			Mailing Address 3109 STIRLING RD. STE. #200 FT. LAUDERDALE, FL 33312 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip			Country				
4. FEI Number 65-0077902			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, DAVID G. 3109 STIRLING RD. STE. #200 FT. LAUDERDALE, FL 33312			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			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.							
9. Capital Contributions as Shown on record. \$420,750.00			10. Amount of Capital Contributions in FLORIDA to date.				
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 #	G95058		STREET ADDRESS				
NAME	SILVER DEVELOPMENT CORP.		CITY-ST-ZIP				
STREET ADDRESS	3109 STIRLING RD., #200						
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
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STREET ADDRESS							
CITY-ST-ZIP							
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: <i>Charles G. P. President</i>			3-24-05 954-962-9200				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Silver Dev. Corp.			Date Daytime Phone #				

STAPLE CHECK HERE