

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A26959**



1. Entity Name  
**SILVER CLARK ASSOCIATES, LTD.**

**FILED**

03 MAR 10 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



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
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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**DUE BY MAY 1, 2003**

City & State	City & State	4. FEI Number <b>65-0077902</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

*3/16*

**6. Name and Address of Current Registered Agent**

**HOLLANDER, DAVID G.**  
3109 STIRLING RD.  
STE. #200  
FT. LAUDERDALE FL 33312

**7. Name and Address of New Registered Agent**

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. <b>\$420,750.00</b>	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**

DOCUMENT #	<b>G95058</b>
NAME	<b>SILVER DEVELOPMENT CORP.</b>
STREET ADDRESS	<b>3109 STIRLING RD., #200</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	700013734257
CITY-ST-ZIP	03/10/03--01075--025 ***526.25

CR2E003 (10/02)

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: *[Signature]* **G.P. President**  
**SILVER DEVELOPMENT CORP.**      2-28-03      954-962-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #