


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
 AND  
 FILED  
 04 MAY -6 PM 4:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A94000000441**

1. Entity Name  
**SILVER RIDGE, LTD.**



Principal Place of Business <b>215 N. EOLA DR.          ORLANDO, FL 32801</b>	Mailing Address <b>215 N. EOLA DR.          ORLANDO, FL 32801</b>
--	--

2. Principal Place of Business <b>247 N. Westmonte Dr.</b>	3. Mailing Address <b>247 N. Westmonte Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02022004 Chg-LP CR2E003 (10/03)

City & State <b>Altamonte Springs FL</b>	City & State <b>Altamonte Springs FL</b>
Zip <b>32714</b>	Country
Zip <b>32714</b>	Country

4. FEI Number <b>59-3232750</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J  
 LOWNDES, DROSDICK, ET AL.  
 215 N. EOLA DRIVE  
 ORLANDO, FL 32802-2809**

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>\$5,084,533.00</b>	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

DOCUMENT #	<b>A95000000937</b>
NAME	<b>PICERNE-SILVER RIDGE LIMITED PARTNERSHIP</b>
STREET ADDRESS	<b>247 N. WESTMONTE DR.</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**800037435908**  
 06/01/04--01008--021 \*\*\$26.25

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_