#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

### DOCUMENT # A94000000441

SILVER RIDGE, LTD.



Principal Place of Business

Mailing Address

247 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 247 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714

# **FILED** Apr 29, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

03182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3232750

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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

## DO NOT WRITE IN THIS SPACE

<ol> <li>the above named entity submits this statement for the purpose of changing its registered office of registered the obligations of registered agent.</li> </ol>	a agent, or both, in the state of monda. I am fartillar with, and accept
SIGNATURE Signature, typeo or printed name of registered agent and site if applicable	DATE
FILE NOW!!! FEE IS \$500.00	

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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # A95000000937 PICERNE-SILVER RIDGE LIMITED PARTNERSHIP NAME 247 N. WESTMONTE DR. STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 DOCUMENT # NAME STREET ADDRESS CHY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /

U00000931771 05/22/08-80028-008 500.00

# DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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

Jan Heflinger

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT#

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

HERE

CHECK NAME STREET ADDRESS CITY-ST-ZIP

STAPLE

OR PRINTED NAME OF SIGNING GENERAL PARTNER AND TYP

04/25/08

(407) 772-0200

Daytime Phone #