


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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A97000000350	
1. Entity Name SILVER SPRINGS SHORES LAND TRUST, LTD.	

Principal Place of Business 101 N.E. FIRST AVENUE OCALA, FL 34470	Mailing Address 101 N.E. FIRST AVENUE OCALA, FL 34470
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

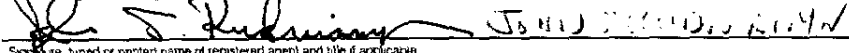


04082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3424591	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  RUDNIANYN, JOHN S 101 NE FIRST AVENUE OCALA, FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  4-26-04  
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. \$1,450,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000012531 SPRINGS SHORES INVESTMENTS, INC. 101 N.E. FIRST AVENUE OCALA, FL 34470	STREET ADDRESS CITY - ST - ZIP	
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05/07/04-20012-025 526.25

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:  4-26-04 (352) 629-6101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

Springs Shores Investments, Inc. GP

STAPLE CHECK HERE