

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002027

1. Entity Name  
SILVER CREEK PARTNERS, LTD.



FILED

2004 JAN -4 P 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
P.O. BOX 82525  
TAMPA FL 33682

Mailing Address  
P.O. BOX 82525  
TAMPA FL 33682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3529946

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F98000004919  
NAME SIERRA NEVADA GROUP, INC.  
STREET ADDRESS 711 SOUTH CARSON STREET, SUITE 4  
CITY-ST-ZIP CARSON CITY NV 89701

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

200023401542  
09/29/03--01067--011 \*\*\$41.25

DOCUMENT #  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

Silver Creek Partners LTD  
P.O. Box 82525  
Tampa, FL 33682

PAY TO  
THE ORDER  
OF

Florida Department of State  
One Hundred Forty-One and 25/100

Uniform Business Report  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314-6478

Doc #A98000002027/FEI 59-3529946

Date 5/1/2003

\$\*\*141.25

DOLL

*[Signature]*

VERIFY THAT THIS IS AN ORIGINAL BY RUBBING THE FINGERPRINT TO THE RIGHT. THE COLOR SHOULD DISAPPEAR WHEN RUBBED AND REAPPEAR WHEN RELEASED

14. I hereby certify that the information supplied with 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]* by *[Signature]* 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE