

**2004 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000002027**

1. Entity Name
SILVER CREEK PARTNERS, LTD.



Principal Place of Business
**15905 Danboro Ct
Tampa FL 33647**

Mailing Address
**15905 Danboro Ct
Tampa, FL 33647**

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

**600018003606
05/05/03--01045--003 **141.25**

DOCUMENT #
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CITY-ST-ZIP

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**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

**600018003606
01/07/05--01005--002 **378.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

2004 JAN -4 P 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

