2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

16.3

FILEU DOCUMENT # A26876 SEGRETARY OF STATE DIVISION OF CORPORATIONS SILVÉR DEVELOPMENT ASSOCIATES, LTD. 05 MAR 29 AM II: 57 Principal Place of Business Mailing Address 3109 STIRLING RD., #200 3109 STIRLING RD., #200 FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 65-0077901 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLANDER, WALTER Street Address (P.O. Box Number is Not Acceptable) 3109 STIRLING RD., #200 FT. LAUDERDALE, FL 33312 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, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$200,000.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. G95058 DOCUMENT # STREET ADDRESS SILVER DEVELOPMENT CORP. NAME STREET ADDRESS 3109 STIRLING RD., #200 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33312 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 900050038699 NAME 04/06/05--01062--016 **526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information te 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 bute this report as required by Chapter 620, Florida Statutes I hereby certify that the information supplied indicated on this report is true and accurate. the receiver or trustee empowered SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER