

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000436

1. Entity Name

SILVER SUN VENTURES, LTD.

Principal Place of Business

11111 COUNTRY RIVER DRIVE
PARRISH FL 34219

Mailing Address

11111 COUNTRY RIVER DRIVE
PARRISH FL 34219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 JUN 19 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DUE BY MAY 1, 2002

FF Number

65-093310

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

GRANT, WILLIAM J JR

11111 COUNTRY RIVER DRIVE
PARRISH FL 34219

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #
NAME GRANT, WILLIAM J JR
STREET ADDRESS 11111 COUNTRY RIVER DRIVE
CITY-ST-ZIP PARRISH FL 34219

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME GRANT, JOANNE Y
STREET ADDRESS 11111 COUNTRY RIVER DRIVE
CITY-ST-ZIP PARRISH FL 34219

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E003 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE



WILLIAM J. GRANT, JR.



Mr. William J. Grant
11111 Country River Dr.
Parrish, FL 34219-9055

Fla Dept of State
Sorry to be a few days
late. Wife and I have both
been very ill, under doctors
care. Both well over 70.

This is a limited family
partnership primarily for
estate purpose. It has no
employees at present and
conducts (up to now) no
retail activities. Its young and
has not yet been required to
file Federal Tax return.

WJ Grant
For Silver Sun Ventures Ltd,

W.J. Grant
11111 Country River Drive
Parrish, Florida 34219
941-776-2022