


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000436</b>					
1. Entity Name <b>SILVER SUN VENTURES, LTD.</b>					
Principal Place of Business <b>11111 COUNTRY RIVER DRIVE PARRISH FL 34219</b>			Mailing Address <b>11111 COUNTRY RIVER DRIVE PARRISH FL 34219</b>		
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 <b>65-0993310</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>GRANT, WILLIAM J JR 11111 COUNTRY RIVER DRIVE PARRISH FL 34219</b>			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date. <b>400,000</b>		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	11111 COUNTRY RIVER DRIVE		CITY - ST - ZIP		
CITY - ST - ZIP	PARRISH FL 34219				
DOCUMENT #	NAME		STREET ADDRESS	000000090441	
STREET ADDRESS	11111 COUNTRY RIVER DRIVE		CITY - ST - ZIP	03/17/04-80019-001 535.00	
CITY - ST - ZIP	PARRISH FL 34219				
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CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(D), 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 by the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			 <b>Mr William J Grant Jr</b> 11111 Country River Dr Parrish FL 34219-9055		

STAPLE CHECK HERE