



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A00000000436</b> 1. Entity Name <b>SILVER SUN VENTURES, LTD.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 MAR -9 AM 10: 15</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		 1ST MOORE CR2E003 (10/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>65-0993310</b>				Applied For		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GRANT, WILLIAM J JR 11111 COUNTRY RIVER DRIVE PARRISH FL 34219</b>				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 _____			
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date. <i>500,000.00</i>			
<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		CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT #		NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT #		NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT #		NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT #		NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT #		NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>William J. Grant Jr</i>				William J. Grant, Jr. 11111 Country River Dr Parrish, FL 34219			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date: <i>3/5/05</i> Daytime Phone #: <i>941-776-2022</i>			

STAPLE CHECK HERE