

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:47

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**

DO NOT WRITE IN THIS SPACE

07072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0993310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, WILLIAM J JR
11111 COUNTRY RIVER DRIVE
PARRISH, FL 34219**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GRANT, WILLIAM J JR
11111 COUNTRY RIVER DRIVE
PARRISH, FL 34219**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

300077738123
07/19/06--01059--016 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

**Mr. William J. Grant, Jr.
11111 Country River Dr
Parrish, FL 34219**

July 7, 06 941-7762022

STAPLE CHECK HERE