

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 5, 2007**

**DOCUMENT # A0000000436**

1. Entity Name

SILVER SUN VENTURES, LTD.



**FILED**

**Jul 25, 2007 08:00 AM**  
**Secretary of State**



2nd MOORE CR2E003 (4/07)

Principal Place of Business	Mailing Address	
11111 COUNTRY RIVER DRIVE PARRISH FL 34219	11111 COUNTRY RIVER DRIVE PARRISH FL 34219	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Zip	Country

4. FEI Number	Applied For
65-0993310	Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$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. 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

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.



**File Now!!! Fee is \$900.00 • Due By September 5, 2007**

**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 STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	U000000770408 07/25/07-20102-005-900.00
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
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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

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

Daytime Phone #

941-776-2022

7/19/07

STAPLE CHECK HERE