


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 17, 2008 08:00 A
Secretary of State

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| DOCUMENT # A00000000436 1. Entity Name SILVER SUN VENTURES, LTD. |  |
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| Principal Place of Business 11111 COUNTRY RIVER DRIVE PARRISH FL 34219 | Mailing Address 11111 COUNTRY RIVER DRIVE PARRISH FL 34219 |
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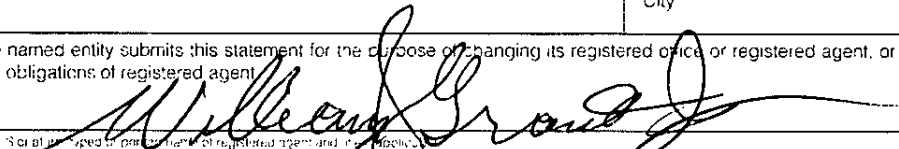
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| 2. Principal Place of Business - No P.O. Box # State, Apt. #, etc | 3. Mailing Address Suite, Apt. #, etc |
| City & State | City & State |
| Zip Country | Zip Country |

1st MOORE CR2E003 (10/07)

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| 4. FEI Number 65-0993310 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GRANT, WILLIAM J JR 11111 COUNTRY RIVER DRIVE PARRISH FL 34219 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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 3/13/08 |
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FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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

| 13. ADDRESS CHANGES ONLY | |
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| STREET ADDRESS | |
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04/03/08-80051-025 508.75

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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. |
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| SIGNATURE:  DATE 3/13/08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER |

STAPLE CHECK HERE