


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

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000018	
1. Entity Name G.L. HOMES OF SILVER FALLS ASSOCIATES, LTD.	

Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 60-0001191		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent G.L. HOMES OF MIRAMAR III CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$4,949,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$4,455,000.00**

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 #	P01000085101	STREET ADDRESS	
NAME	G.L. HOMES OF MIRAMAR III CORPORATION	CITY, ST, ZIP	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200		
CITY, ST, ZIP	CORAL SPRINGS FL 33071		
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			

000000363820
05/06/05-80015-003 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **Dr. Maria Menendez, Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/05 **(954) 753-1730**
Daytime Phone #

STAPLE CHECK HERE