

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000407 1. Entity Name SILVERLAKES PROPERTY MANAGEMENT, LIMITED PARTNERSHIP		
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Principal Place of Business 3120 46TH AVENUE NORTH ST. PETERSBURG, FL 33714	Mailing Address 3120 46TH AVENUE NORTH ST. PETERSBURG, FL 33714
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MADDUX, LISA 3120 46TH AVENUE NORTH ST. PETERSBURG, FL 33714	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
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	P00000016067	STREET ADDRESS	
NAME	L & R PROPERTY MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	3120 46TH AVENUE NORTH		
CITY - ST - ZIP	ST. PETERSBURG, FL 33714		
DOCUMENT #		STREET ADDRESS	700102534857
NAME		CITY - ST - ZIP	05/15/07--01045--016 **\$500.00
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: <i>Lisa G Maddux</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	05/07/07 Date	727-639-2135 Daytime Phone #
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STAPLE CHECK HERE