

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 14 AM 10:16

DOCUMENT # A04000000643 1. Entity Name SILVER GROUP OF INDIAN CREEK LTD.					
Principal Place of Business 41 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154			Mailing Address 41 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02012005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 34-1995894	
				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	
GLASER, ALLAN M				Name	
11900 BISCAYNE BLVD., SUITE 807				Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33181				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,100.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		
NAME	SILVER, CONSTANCE		CITY-ST-ZIP		
STREET ADDRESS	41 INDIAN CREEK ISLAND ROAD		800046850378 02/18/05--01004--023 ***25.25		
CITY-ST-ZIP	INDIAN CREEK VILLAGE, FL 33154		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LONDON, IRA		CITY-ST-ZIP		
STREET ADDRESS	41 INDIAN CREEK ISLAND ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	INDIAN CREEK VILLAGE, FL 33154		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Constance Silver</i>			2/1/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE