2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000316

1. Entity Name
4500 SILVER STAR, LTD.

FILED
08 JUN 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
17 EAST FLAGLER STREET SUITE 111 MIAMI, FL 33131	17 EAST FLAGLER STREET SUITE 111 MIAMI, FL 33131

2. Principal Place of Business (No P.O. Box #)
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

04222008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 20-4406654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAXBERG, I. BARRY ESQ.
25 SE 2ND AVENUE
SUITE 730
MIAMI, FL 33131

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

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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 #	L06000020028	Street Address	
Name	4500 SILVER STAR, LLC	City-St-Zip	100131814401 06/27/08--01032--019 **500.00
Street Address	17 EAST FLAGLER STREET SUITE 111		
City-St-Zip	MIAMI, FL 33131		
Document #		Street Address	
Name		City-St-Zip	
Street Address			
City-St-Zip			
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Name		City-St-Zip	
Street Address			
City-St-Zip			

STAPLE CHECK HERE

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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: Jeff Sterman 06/19/2008 (305) 992-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

SENDING TO DIVISION OF CORPORATION
PO BOX 1500