

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:23

**DOCUMENT # A07000000397**

1. Entity Name  
 SILVER LAKE INVESTMENTS, LTD.



Principal Place of Business Mailing Address  
 422 N. MAIN STREET 422 N. MAIN STREET  
 CRESTVIEW, FL 32536 US CRESTVIEW, FL 32536 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



04282008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-1864836 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 POWELL, AVA S  
 422 N. MAIN STREET  
 CRESTVIEW, FL 32536

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

**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  
 DOCUMENT # L07000021882  
 NAME SILVER LAKE MANAGEMENT, LLC  
 STREET ADDRESS 422 N. MAIN STREET  
 CITY-ST-ZIP CRESTVIEW, FL 32536  
 DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY  
 STREET ADDRESS  
 CITY-ST-ZIP  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
 STREET ADDRESS  
 CITY-ST-ZIP

500128040476  
 05/01/08--01031--006 \*\*\$500.00

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: Ava S. Powell  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-08 850-664-5564  
 Date Daytime Phone #

STAPLE CHECK HERE