| 2000 | UNIFORM BUS | INESS REPO | PRT (| UBR) | | |
|---|--|--|------------------|---|---|--|
| DOCU | MENT # A2911 | 0 | | | | |
| SILVER-MARC ASSOCIATES, LTD. | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | | |
| Principal Place of Business 3109 STIRLING RD #200 FT. LAUDERDALE FL 33312 | | Mailing Address 3109 STIRLING RD #200 FT. LAUDERDALE FL 33312-6558 | | | 00 MAR 20 AM 10: 49 | |
| 2. Principal Place of Business | | 3. Mailing Address | | ·· · · · · | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | | 4. FEI Number 65-0166441 Applied For Not Applicable | |
| Zip | Country | Zip | Country | , | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | |
| 6. Name and Address of Current | | Registered Agent | | Name | 7. Name and Address of New Registered Agent | |
| HOLLANDER, WALTER J. 3109 STIRLING RD., #200 FT. LAUDERDALE FL 33312 | | | - | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| FI. LAUU | ERDALE FL 53512 | | }- | City | FL Zip Code | |
| 8. The above | named entity submits this statement fo | r the purpose of changing its | s registered | office or reg | gistered agent, or both, in the State of Florida. | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOT | TE: Registered A | gent signature rec | equired whitin reinstating) DATE | |
| 9. Capital Contributions \$200.00 If a Amount of Capital in FLORIDA to date | | | tal Contribut | Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE | | |
| | A GENERAL PARTNER | HAT IS A BUSINESS EN | NTITY MUS | | GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner. | |
| 12. GENERAL PARTNER INFORMATION | | | 13. | | ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME STREET ADDRESS | G95058 SILVER DEVELOPMENT CORP. SS 3109 STIRLING RD., #200 | | STREET | ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | | | r-zip | | |
| oocument# Name | DDRESS | | STREET | ADDRESS | | |
| STREET ADDRESS City - St - ZIP | | | CITY-ST | CITY-ST-ZIP 20003189252 | | |
| DOCUMENT# NAME | · | | STREET | ADORESS | ··· | |
| STREET ADORESS CITY - ST - ZIP | | | CITY-ST | Γ- Z IP | | |
| DOCUMENT # NAME | | | STREET | address | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST | r- Z IP | | | |
| DOCUMENT # NAME | | | STREET | ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST | 1-ZIP | | |
| DOCUMENT# | | | STREET | ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST | | | |
| 14. I hereby | certify that the information supplied with | this filing does not qualify fo | or the exemp | otion stated i | in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |

14 I hereby certify that the information supplied with this filling 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 impowered to execute this copyr as required by Chapter 620, Florida Statutes

G.P., PRESIDENT

GNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone *

SIGNATURE: L