CR2E003 (10/02)

2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR**

A29110 DOCUMENT

1. Entity Name

SILVER-MARC ASSOCIATES, LTD.



FILED

03 MAR 10 AM 10: 46

SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3109 STIRLING RD., #200 3109 STIRLING RD., #200 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number City & State City & State Applied For 65-0166441 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLANDER, WALTER J. Street Address (P.O. Box Number is Not Acceptable) 3109 STIRLING RD., #200 FT. LAUDERDALE FL 33312 City 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, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$200.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS SILVER DEVELOPMENT CORP. NAME 3109 STIRLING RD., #200 600013736736 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP 03/10/03+-01090+-017 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS 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 approvered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: