

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

DOCUMENT # ~~AT-00000000~~ **A30985**

1. Entity Name

SILVER TERRACE ORLANDO, LTD.

FILED

02 MAY 13 PM 2:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5393 Shoreline Circle

Suite, Apt., etc.

3. Mailing Address

5393 Shoreline Circle

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

SANFORD, FL.

Zip

32771

Country **USA**

City & State

SANFORD, FL.

Zip

32771

Country **USA**

4. FEI Number

52-1713612

Applied for

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **SILVER GP, INC.**

Street Address (P.O. Box Number is Not Acceptable)

5393 SHORELINE CIRCLE

City

SANFORD

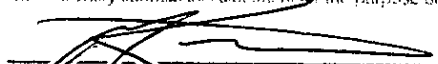
FL

Zip Code

32771

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.

SIGNATURE

 **PRESIDENT**

DATE

9. Capital Contributions
as Shown on record

240,000

10. Amount of Capital Contributions
in FL ORIDA to date

240,000

**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 #

P95000057455

NAME

SILVER TERRACE INC.

STREET ADDRESS

5393 SHORELINE CIR

CITY, ST, ZIP

SANFORD, FL 32771

DOCUMENT #

NAME

STREET ADDRESS

CITY, ST, ZIP

DOCUMENT #

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CITY, ST, ZIP

DOCUMENT #

NAME

STREET ADDRESS

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)(a), 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:

SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER

MARK KOIVU, Pres.

407-328-7764

April 29, 2002

CR2E0035 (12/01)

STAPLE CHECK HERE