# LIMITED PARTNERSHIP
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P95000057455~~ 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

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5393 SHORELINE CIRCLE | 5393 SHORELINE CIRCLE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SANFORD, FL. | City & State: SANFORD, FL |
| Zip: 32771 Country: ~~SEMINOLE~~ USA | Zip: 32771 Country: ~~SEMINOLE~~ USA |

4. FEI Number: 52-1713612 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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: [signature] PRESIDENT

Signature of a general partner or authorized agent required. DATE

| 9. Capital Contributions as shown on record | 10. Amount of Capital Contributions in FLORIDA to date |
|---|---|
| 240,000 | 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 |
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| CITY ST ZIP | -05/29/02--01025--005 |
| STREET ADDRESS | ****526.25 ****526.25 |
| CITY ST ZIP | DO NOT WRITE |
| STREET ADDRESS | IN THIS SPACE |
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CR2E003B (12/01)

STAPLE CHECK HERE

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 empowered to execute this report as required by Chapter 620, Florida Statutes.

407-328-7764

SIGNATURE: [signature] MARK KOIVU, PRES. April 29, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #