


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 5, 2007**

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A33583</b> 1. Entity Name <b>SILVER PINES OF NORTH FLORIDA, LTD.</b>	
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Principal Place of Business <b>3250 MARY STREET SUITE 306 MIAMI FL 33133</b>	Mailing Address <b>3250 MARY STREET SUITE 306 MIAMI FL 33133</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



2nd MOORE CR2E003 (4/07)

4. FEI Number <b>59-3151891</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent <b>LEVINE, ALAN W ESQ. 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable DATE

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

**File Now!!! Fee is \$900.00 • Due By September 5, 2007**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>SILVER PINES G.P., INC.</b>	CITY-ST-ZIP	<b>1100000772215</b>
STREET ADDRESS	<b>2296 W. AIRPORT BLVD</b>		<b>08/17/07-80003-012 900.00</b>
CITY-ST-ZIP	<b>SANFORD FL 32771</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE