

**2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A33583

**FILED  
Apr 24, 2009  
Secretary of State**

**Entity Name:** SILVER PINES OF NORTH FLORIDA, LTD.

**Current Principal Place of Business:**

5393 SHORELINE CIR  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

5393 SHORELINE CIR  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-3151891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOIVU, MARK T  
5393 SHORELINE CIR  
SANFORD, FL 32771      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000047931  
Name: JAXOLD CORPORATION  
Address: 5393 SHORELINE CIR  
City-St-Zip: SANFORD, FL 32771

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK KOIVU

\_\_\_\_\_ Electronic Signature of Signing General Partner

MM

04/24/2009

\_\_\_\_\_ Date