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1. Entity Name

SITCO DEVELOPMENT LIMITED PARTNERSHIP

Principal Place of Business 3109 STIRLING ROAD FT. LAUDERDALE FL 33312 Mailing Address

3109 STIRLING ROAD

FT. LAUDERDALE FL 33312-6558

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

DIVISION OF CORPORATIONS

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4. FEI Number

65-0548239

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	/. Name	7. Name and Address of New Registered Agent				
•	Name	Name				
HOLLANDER, DAVID 3109 STIRLING ROAD	Street Address (P.O. Box Nu	Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33312						
	City	FL	Zip Code			
	·	Lath in the Ctate of Florida				

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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record.

\$99.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

(NOTE: Registered Agent signature required when reinstating)

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT# NAME	G95058 SILVER DEVELOPMENT CORP.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	3109 STIRLING ROAD FT. LAUDERDALE FL 33312	CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP		CUA-21-216	3000031892539 -03/30/0001009009
DOCUMENT# NAME	,	- STREET ADDRESS	****141.25 ****141.25
STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP		CTTY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CTTY-ST-ZBP	

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 rify alignature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or is true and accurate and that ny the receiver or trus required by Chapter 620, Florida Statutes