LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 13 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000843

1. Entity Name
SILVER TERRACE ORLANDO II, LTD.

DO NOT WRITE IN THIS SPACE

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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: USA	Zip: 32771 Country: USA

4. FEI Number: 59-3200375 ☐ Applied For ☐ Not Applicable

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

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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
Signature of registered agent and title, if applicable DATE

9. Capital Contributions as Shown on record: 300,000

10. Amount of Capital Contributions in FLORIDA to date: 300,000

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 #	P02000002420	STREET ADDRESS	
NAME	SILVER GP INC.		
STREET ADDRESS	5393 SHORELINE CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	SANFORD, FL. 32771		
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CR2E093B (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.

SIGNATURE: MARK KOILE, PRES. APRIL 29, 2002 407-328-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #