535.00

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

BK

FILED
04 JUN 30 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001101

1. Entity Name
SILVERTREE APARTMENTS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2 GILLON STREET, SUITE A CHARLESTON, SC 29401	2 GILLON STREET, SUITE A CHARLESTON, SC 29401

06242004 Chg-LP CR2E003 (10/03)

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

4. FEI Number 59-3204631 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MINEGAR, CRAIG ESQ.
C/O GREENBERG TRAURIG, P.A.
450 SOUTH ORANGE AVE., STE. 650
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Craig A. Minegar, Esq.
c/o Winderweedle, Haines, Ward & Woodman
Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue South
5th Floor
City Winter Park FL Zip Code 32790-0880

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 _____ DATE 6/24/04
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $1,600,000.00

10. Amount of Capital Contributions in FLORIDA to date. $1,600,000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	F93000004313	STREET ADDRESS	
NAME	HPI PARTNERS III, INC.	CITY-ST-ZIP	
STREET ADDRESS	2 GILLON STREET, SUITE A	STREET ADDRESS	600038750976 07/06/04--01031--031 **350.00
CITY-ST-ZIP	CHARLESTON, SC 29401	CITY-ST-ZIP	600038750976 07/06/04--01031--030 **70.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600038750976 07/06/04--01031--032 **141.25
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	600038750976 07/06/04--01031--033 **8.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 6/25/04 843.853.6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #