2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -8 AM 10:53

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

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

07062005 Chg-LP CR2E003 (10/03)

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 WINDERWEEDLE, HAINES, ET AL
250 PARK AVENUE SOUTH, 5TH FLOOR
ORLANDO, FL 32790-0880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
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	

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	100005534851
NAME	HPI PARTNERS III, INC.		
STREET ADDRESS	2 GILLON STREET, SUITE A	CITY-ST-ZIP	08/12/05--01051--017 **526.25
CITY-ST-ZIP	CHARLESTON, SC 29401		
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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: [signature] 7/7/05 843.853.6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #