


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:24

DOCUMENT # A93000001101 1. Entity Name SILVERTREE APARTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 2 GILLON STREET, SUITE A CHARLESTON, SC 29401			Mailing Address 2 GILLON STREET, SUITE A CHARLESTON, SC 29401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04062006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 59-3204631	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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: WHWW, INC Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., SUITE 1500 City: ORLANDO FL Zip Code: 32801	
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: By: <i>Debbie Fricke</i> , VP <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: DEBBIE FRICKE, VP 4/6/06	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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		
CITY-ST-ZIP	CHARLESTON, SC 29401		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Car W. Kelley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE: 4-14-06 843.853.6311 <small>Date Daytime Phone #</small>		

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