

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 22, 2008 08:00 AM
Secretary of State

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**



04042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**WHWW INC
390 N ORANGE AVE
SUITE 1500
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000914226

05/08/08 00048 005 508.75

**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

TO: PARTNER
NAME
LIMITED PARTNER
ADDRESS
CITY, STATE, ZIP
**F93000004313
HPI PARTNERS III, INC.
2 GILLON STREET, SUITE A
CHARLESTON, SC 29401**

TO: PARTNER
NAME
LIMITED PARTNER
ADDRESS
CITY, STATE, ZIP

TO: PARTNER
NAME
LIMITED PARTNER
ADDRESS
CITY, STATE, ZIP

TO: PARTNER
NAME
LIMITED PARTNER
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CITY, STATE, ZIP

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TO: PARTNER
NAME
LIMITED PARTNER
ADDRESS
CITY, STATE, ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Signature Number

4-16-08

843-853-6311

STAPLE CHECK HERE