

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001263**

1. Entity Name  
SHOPPES OF SILVER SPRINGS, LTD.



Principal Place of Business  
1645 SE 3RD COURT SUITE 200  
DEERFIELD BEACH, FL 33441

Mailing Address  
1645 SE 3RD COURT SUITE 200  
DEERFIELD BEACH, FL 33441



02152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0451603

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GEISERMAN, ROBERT M  
1645 SE 3RD COURT SUITE 200  
DEERFIELD BEACH, FL 33441

**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, 2007, 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**

DOCUMENT # P97000105665  
NAME G.P. SILVER SPRINGS, INC.  
STREET ADDRESS 1645 SE 3RD COURT SUITE 200  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

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U000000730876  
05/08/07-80096-023 500.00

**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

Daytime Phone #

4.19.07 954.420.1001

STAPLE CHECK HERE