

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000645

1. Entity Name
ROHO DEVELOPMENT, LIMITED



Principal Place of Business
% SILVER BUILDERS, INC.
3109 STIRLING ROAD, SUITE 200
FT LAUDERDALE, FL 33312

Mailing Address
% SILVER BUILDERS, INC.
3109 STIRLING ROAD, SUITE 200
FT LAUDERDALE, FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

07152004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0500318

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS REALTY INVESTMENTS, INC.
3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR
DAVIE, FL 33328-2020

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

DATE

9. Capital Contributions
 as Shown on record **\$980.00**

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 # **G95058**
 NAME **SILVER DEVELOPMENT, INC.**
 STREET ADDRESS **3109 STIRLING ROAD, SUITE 200**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **528838**
 NAME **ROSS REALTY INVESTMENTS, INC.**
 STREET ADDRESS **10021 PINES BOULEVARD, SUITE 101**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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 this limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/28/04
 Date

9544525000
 Daytime Phone #

STAPLE CHECK HERE