2000 UNIFORM BUSINESS REPORT (UBR) A94000001103 **DOCUMENT #** 1. Entity Name FILED SILVER-LIBERTY LIMITED PARTNERSHIP 00 JAN 18 PH 2: 22 Mailing Address Principal Place of Business SECRETARY OF STATE 3109 STIRLING ROAD 3109 STIRLING ROAD TALLAHASSEE, FLORIDA FT. LAUDERDALE FL 33312-6558 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0508311 Not Aguille 11 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLANDER, DAVID G Street Address (P.O. Box Number is Not Acceptable) 3109 STIRLING ROAD FT. LAUDERDALE FL 33312 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. G95058 DOCUMENT # STREET ADDRESS SILVER DEVELOPMENT CORP. NAME STREET ADDRESS 3109 STIRLING ROAD CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-7P ****158.75 ****158.75 F94000004196 DOCUMENT # STREET ADDRESS LIBERTY FUNDING CORP. NAME 5050 BELMONT AVE. STREET ADDRESS CITY - ST - ZIP YOUNGSTOWN OH 44505 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DQCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Folicia Statutes