2002 UNIFORM	BUSINESS	REPORT	(UBR)
	0.1000001		

DOCUMENT # A9400001103 1. Entity Name					F"	ILED	boly	1-		
SILVER-LIBERTY LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address 3109 STIRLING ROAD 3109 STIRLING ROAD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312			12		02 MAR -4 PM 1:22					
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002					
City & State City & State				4. FEI Number	65-0508311		Applied For Not Applicable			
Zip-	0.0	Country	Zi		, Cour	ntry		of Status Desired	Fee Re	5 Additional equired
	6. Name	and Address of Current R	10giste	ered Agent		Name	/. Name and /	Address of New Regist	erea Agent	
HOLLANDER, DAVID G 3109 STIRLING ROAD					Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUD	erdale fl	. 33312								
				City FL Zip Code				Code		
8. The above	named entity	y submits this statement for	the pu	rpose of changing its	register	ed office or register	ed agent, or both	i, in the State of Florida.		
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if a	applicable.					DATE	
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital Coin FLORIDA to date.					ributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
		ENERAL PARTNER TH General Partners MA								
12.		GENERAL PARTNER			13.			ADDRESS CHANGE		
DOCUMENT # NAME STREET ADDRESS	G95058 SILVER DEVELOPMENT CORP. SS 3109 STIRLING ROAD				STRI	EET ADDRESS				
CITY-ST-ZIP		ERDALE FL 33312			CITY	-ST-ZIP				
DOCUMENT # NAME	F94000004196 LIBERTY FUNDING CORP. 5050 BELMONT AVE. YOUNGSTOWN OH 44505				STAI	EET AODRESS	-03/08/0201056003 -03/08/0201056003 ****158.75 ****158.75			
STREET ADDRESS CITY-ST-ZIP					Ćity	-ST-ZIP				
DOCUMENT # NAME					STRE	EET ADDRESS				
STREET ADORESS CITY-ST-ZIP				·	CITY	-ST-ZIP		·		
NAME STREET ADDRESS					STRE	EET ADDRESS				
CITY-ST-ZIP;	,			<u> </u>	CITY	-ST-ZIP		· 	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME					STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	<u> </u>	<u></u>			CITY	-ST-ZIP	<u> </u>			
NAME					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP						-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 enal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to expute this report as required by chapter 620 Florida Statutes. 2 2000 230.759-4000										
SIGNATURE: DAY SUPPLY OF PRINTED NAME OF SIGNING GENERAL PARTNER Day Type Phone #										