2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE **DOCUMENT # A94000001103** PIVISION OF GORPORATIONS SILVER-LIBERTY LIMITED PARTNERSHIP 04 MAR -8 PM 4: 02 Principal Place of Business Mailing Address 3109 STIRLING ROAD 3109 STIRLING ROAD FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132004 Chg-LP CR2E003 (10/03) 4. FEI Number City & State City & State Applied For 65-0508311 Not Applicable Zip 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 City 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 10. Amount of Capital Contributions \$10,000.00 in FLORIDA to date. 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 12. 13. G95058 DOCUMENT # STREET ADDRESS NAME SILVER DEVELOPMENT CORP. STREET ADDRESS 3109 STIRLING ROAD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33312 F94000004196 DOCUMENT # STREET ADDRESS LIBERTY FUNDING CORP. NAME 5050 BELMONT AVE. STREET ADDRESS CITY-ST-ZIP <u>90003116</u>9299 CITY-ST-ZIP YOUNGSTOWN, OH 44505 03/25/04--01023--026 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. Theisby certify that the information supplied with this filling 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, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

DOCUMENT #

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ety kinding 2-26-04

330-759 40

Daytime Phone #