2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

SECRETARY OF STATE DIVISION OF CORPORATION

DOCUMENT # A9400001103 1. Entity Name SILVER-LIBERTY LIMITED PARTNERSHIP						05 MAR 21 AM 10: 54	IS
Principal Place of Business 3109 STIRLING ROAD FT. LAUDERDALE, FL 33312			Mailing Address 3109 STIRLING ROAD FT. LAUDERDALE, FL 33312				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03162005 Chg-LP CR2E003 (10/03)	
City & State			City & State			4. FEI Number Applied For 65-0508311 Applied For Not Applied	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Ageлt					7. Name and Address of New Registered Agent		
HOLLANDED DAVID C					Name		
HOLLANDER, DAVID G 3109 STIRLING ROAD FT. LAUDERDALE, FL 33312				Street Address (P.O. Box Number is Not Acceptable)			
					City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its regis				ts register		FL ·	pt
the obligations of registered agent. SIGNATURE ————————————————————————————————————							
Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record, \$10,000.00 10. Amount of Capital in FLORIDA to dat					butions		
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.	100000000000000000000000000000000000000					ADDRESS CHANGES ONLY	
DOCUMENT / NAME	G95058 SILVER DEVELOPMENT CORP.			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	5 3109 STIRLING ROAD FT. LAUDERDALE, FL 33312			СПУ	'-ST-ZIP		
DOCUMENT #	LIBERTY FUNDING CORP.				EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	0000 222110111 1112			CITY	'-ST-ZIP		
DOCUMENT # NAME	AME			STRI	EET ADDRESS	800049196948 03/25/0501056005 **158.75	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP		
DOCUMENT # NAME				STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP		
DOCUMENT # NAME				SIR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT /				STA	EET ADORESS		
ÇIIY-SI-ZIP					'-ST-ZIP		
14. I hereby 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 real itself by Chapter 620. Florida Statutes							

MARGINE AND TYPED OR PRINTED NAME OF SIGNING GENEVAL PARTNER Date Dayling Phone #