

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001103

1. Entity Name
SILVER-LIBERTY LIMITED PARTNERSHIP



APPROVE
AND
FILED

03 MAR -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0508311

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

HOLLANDER, DAVID G
3109 STIRLING ROAD
FT. LAUDERDALE FL 33312

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. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 CORP.
STREET ADDRESS 3109 STIRLING ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33312

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F94000004196
NAME LIBERTY FUNDING CORP.
STREET ADDRESS 5050 BELMONT AVE.
CITY-ST-ZIP YOUNGSTOWN OH 44505

STREET ADDRESS

CITY-ST-ZIP

900013632269
03/06/03--01059--008 **158.75

DOCUMENT #
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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, Florida Statutes.

SIGNATURE: *Liberty Funding Corp., General Partner*
By: [Signature] Vice President 3-1-03 330-759-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

001174 AT

CR2E003 10/02