

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000937			
1. Entity Name PICERNE-SILVER RIDGE LIMITED PARTNERSHIP			
Principal Place of Business C/O 215 N. EOLA DR. ORLANDO, FL 32801		Mailing Address C/O 215 N. EOLA DR. ORLANDO, FL 32801	
2. Principal Place of Business 247 N. Westmonte Dr.		3. Mailing Address 247 N. Westmonte Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Altamonte Springs FL		City & State Altamonte Springs FL	
Zip 32714		Zip 32714	
Country		Country	
4. FEI Number 59-3320960		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILDES, RICHARD J 215 NORTH EOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$990.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000048575 PICERNE-SILVER RIDGE DEVELOPMENT, INC. 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700037564607 05/02/04-01009-003 **141.25
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			
<small>Date</small>		<small>Daytime Phone #</small>	