2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000937

1. Entity Name

PICERNE-SILVER RIDGE LIMITED PARTNERSHIP



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 Mailing Address

247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714



03302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3320960

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J 215 NORTH EOLA DRIVE ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
	lions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept \$\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
# 		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	GENERAL PARTNER INFORMATION P95000048575 PICERNE-SILVER RIDGE DEVELOPMENT, INC. 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

NER

4/27/0

Date Daytime Phone #