2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000937

1. Entity Name

PICERNE-SILVER RIDGE LIMITED PARTNERSHIP



FILED Apr 29, 2008 08:00 AN 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



03182008 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

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The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent.	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE I\$ \$500.00 After May 1, 2008, Fee will be \$900.00	
A OPHERAL RABBURG & BURNING & BURNING	

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 P95000048575 DOCUMENT # NAME PICERNE-SILVER RIDGE DEVELOPMENT, INC. STREET ADDRESS 247 N. WESTMONTE DR. CITY-ST-7IP ALTAMONTE SPRINGS, FL 32714 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP DOCUMENT #

U00000931860 05/22/08-80028-025 500.00

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14. I nereby certify that the information supplied with this filling 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 percentage execute this report as required by Chapter 620, Florida Statutes

Jan Heflinger

SIGNATURE:

STREET ADDRESS
CITY- ST- ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/25/08

(407) 772-0200

Daytime Phone #