2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000000801 2007 MAR 19 AM 9: 28 1. Entity Name SILVÉRMILL ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business __Mailing Address C/O SILVER DEVELOPMENT CORP. -C/O SILVER DEVELOPMENT CORP. 3109 STIRLING ROAD, SUITE 200 3109 STIRLING ROAD, SUITE 200 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 02212007 CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0668999 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVER DEVELOPMENT CORP. Street Address (P.O. Box Number is Not Acceptable) ATTA: MELT SSA ACKERMAN ATTN: DAVID G. HOLLANDER, PRES. 3109 STIRLING ROAD, SUITE 200 FORT LAUDERDALE, FL 33312 City Zip Code 8. The above named entity suppose 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 regis SIGNATURE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. G95058 DOCUMENT # STREET ADDRESS SILVER DEVELOPMENT CORP. NAME STREET ADDRESS 3109 STIRLING ROAD, SUITE 200 CITY-ST-ZIP 03/29/07--01032 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 500095227365 P96000027729 DOCUMENT # STREET ADDRESS G.P. SILVERMILL, INC. NAME STREET ADDRESS 1645 S.E. 3RD COURT #200 CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH, FL 33441 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 五品品 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP щ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Silver **SIGNATURE**

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