

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000801**

1. Entity Name  
**SILVERMILL ASSOCIATES, LTD.**



Principal Place of Business  
**C/O SILVER DEVELOPMENT CORP.  
3109 STIRLING ROAD, SUITE 200  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**C/O SILVER DEVELOPMENT CORP.  
3109 STIRLING ROAD, SUITE 200  
FORT LAUDERDALE, FL 33312**



01152008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0668999**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SILVER DEVELOPMENT CORP.  
ATTN: MELISSA ACKERMAN, PRES  
3109 STIRLING ROAD, SUITE 200  
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **G95058**  
NAME **SILVER DEVELOPMENT CORP.**  
STREET ADDRESS **3109 STIRLING ROAD, SUITE 200**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

DOCUMENT # **P96000027729**  
NAME **G.P. SILVERMILL, INC.**  
STREET ADDRESS **1645 S.E. 3RD COURT #200**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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03/06/08-80056-013 500.00

**DO NOT WRITE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE