


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 23, 2004 8:00 A.M
Secretary of State

DOCUMENT # A96000000847			
1. Entity Name SILVER PALM PLACE, LTD.			
Principal Place of Business 1825 PONCE DE LEON, SUITE 334 CORAL GABLES FL 33134		Mailing Address 1825 PONCE DE LEON, SUITE 334 CORAL GABLES FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KNAPP, STEPHEN M 5417 S. FLORIDA AVENUE LAKELAND FL 33813		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. \$37,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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	
NAME	BAUR, TRAUTE	CITY-ST-ZIP	500032110135
STREET ADDRESS	1825 PONCE DE LEON, SUITE 334		04/07/04 01054 021 **351.25
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FOX, CARLETON	CITY-ST-ZIP	
STREET ADDRESS	12062 S.W. 117 COURT, SUITE 101		
CITY-ST-ZIP	MIAMI FL 33186		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CURRY, THOMAS C.	CITY-ST-ZIP	
STREET ADDRESS	4921 MOUNTAIN VIEW PKWY		
CITY-ST-ZIP	BIRMINGHAM AL 35244		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			



MOORE CR2E003 (11/03)

4. FEI Number 65-0673923 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Traute Baur Traute Baur* 02-11-004 305-444 9025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE