



**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SILVERSTONE DEVELOPMENT, LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001546	
Mailing Address 453 S. WEBB ROAD, SUITE 500 WICHITA KS 67207		Principal Office Address 2440 SOUTH FEDERAL HIGHWAY, SUITE M STEWART FL 34994	
2. Mailing Address 450 N. SUNNYSLOPE ROAD Suite, Apt. #, etc. 300 City & State BROOKFIELD WI Zip Country 53005		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 07/14/1997		5a. Capital Contributions as Shown on record. \$40,000.00	
3a. Date of Last Report 12/22/1997		5b. Amount of Capital Contributions in FLORIDA to date. 	
4. State or Country of Formation FL		6. FEI Number 65-0769758	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information) 150.00			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		600002747056-0 01/20/99-01015-008 ****150.PL ****150.00	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) COVENTRY CORPORATION D/B/A C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 453 SOUTH WEBB ROAD,	11b. City, State & Zip Code WICHITA KS 67207	11c. Registration/Document Number F97000001188
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12-22-98

Typed or Printed Name of General Partner Signing Form

MARK OHLENDORF

Daytime Telephone Number

414-641-7563

CR2E003 (8/98)