

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
DIVISION OF REVENUE

06 FEB 20 AM 8:50

DOCUMENT # A99000002149

1. Entity Name
DAVID G. HOLLANDER GRAND FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3109 STIRLING ROAD, SUITE 200
FORT LAUDERDALE, FL 33312**

Mailing Address
**3109 STIRLING ROAD, SUITE 200
FORT LAUDERDALE, FL 33312**

DO NOT WRITE IN THIS SPACE

01232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-1088676

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A
4025 SHERIDAN STREET, SUITE A
HOLLYWOOD, FL 33021
*3107 Stirling Rd.
#105
Ft. 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, 2006, 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 33021**

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000066805160
02/28/06--01022--024 **500.00

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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