## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## DOCUMENT # A99000002149

1. Entity Name

DAVID G. HOLLANDER GRAND FAMILY LIMITED PARTNERSHIP



FILED Feb 26, 2007 08:00 AN Secretary of State

Principal Place of Business

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

3109 STIRLING ROAD, SUITE 200 FORT LAUDERDALE, FL 33312



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For	
65-1088676	_	Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SINGER, BERNARD A 3107 STIRLING RD #105

FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its ions of registered agent.	s registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed frame of registered agent and title if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$90	0.00	
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on t		
12.	GENERAL PARTNER INFORMATION	THE PROPERTY OF THE PROPERTY O	n kunga salah di perkanan Pontas dalah sebagai berkenan kalasaran kepada kenangan kebagai Dalah sebagai dalah sebagai pada dalah sebagai berasa dalah sebagai dalah sebagai dalah sebagai dalah sebagai
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G95058 SILVER DEVELOPMENT CORP. 3109 STIRLING ROAD, SUITE 200 FORT LAUDERDALE, FL 33021		
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
DOCUMENT # NAME STREET ADDRESS			

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutos, 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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Mel

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NONATURE AND TYPED OR PRINTED NAME OF SYMMO GENERAL PARTIES

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Daytma Phone #