B11000000082

(Requestor's Name)					
(Address)	<u>, = </u>				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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SEGNETARY OF STATE ALLIANASSEE, ALBRIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SILVEF Name of Limited Partnershi	R LINING FUND, L.P.
Name of Limited Partnershi	nip or Limited Liability Limited Partnership
DOCUMENT NUMBER:	B11000000082
The enclosed Statement of Change of Regifee(s) are submitted for filing.	gistered Office and/or Registered Agent and
Please return all correspondence concernin	ng this matter to:
MICHAEL LAPAT	
Contact Person	
LAW OFFICES OF MICHAEL	LAPAT
Firm/Company	
3300 UNIVERESITY DRIVE, SU	UITE 311
Address	
CORAL SPRINGS FL 330	065
City, State and Zip Code	
julieh@turnkeyhedgefun	nds.com
E-mail address: (to be used for future annual r	report notification)
For further information concerning this ma	atter, please call:
JULIE HANCOCK	at (954)345-6442
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable t	to the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee FL 32314
ZOOT BAGGUIIVE CEMELA JICIE	TAHABANCE PT. 3/314

Tallahassee, FL 32301

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	SILVER LININ	<u>NG FUND,</u>	L.P.		
Nai	me of Limited Partnership or Lin	nited Liability L	imited Partnership		
20	4-12-2012	3.	B11000000	082	
Date of filing/registration in Florida Florida documen			Florida document r	number	
4. The name of the rep Department of State:	gistered agent and the registered	office address a	s shown on the recor	ds of the Florida	
	JEREMY S	ALSBURG			
	Nar	me			
	1020 SE 13T	H TERRACE	=		
	Addı	ress	_		
	FORT LAUDERI	DALE FL 33	316		
	City, State	e and Zip			
5. The name and Flori	ida street address of the new regi	istered agent and	d/or office:		
	JEREMY SA	ALSBURG			
	Nar	me			
	433 PLAZA REA	AL, SUITE 2	75		
	Florida street address (P.	O. Box not acce	eptable)		
	BOCA RATON	FL	33432		
	City, State	and Zip			
6. Such change(s) is/a	re effective when filed by the Fl	orida Departme	nt of State.		
		•			
Signature of General P	artner JEREMY SALSBORG	. MANAGER	OF GENERAL P	ARTNER.	
1	SILVER LINING F	FUND MANAG	EMENT, LLC		
hereby accept the app	pointme <u>nt as</u> registered agent an	nd agree to act in	n this capacity. I fur	ther agree to	
comply with the provid and committee with	ions of all statutes relative to the an accept the obligations of my	e proper and coi	mplete performance (· · · · · · · · · · · · · · · · · · ·	
	an accept the constant ons of my	position as regi	siereu ugem.		
1/		t		Z 2	Carte
Signature of Registere	Agent JEREMY SALSBUR	k		3 PM	TY.
Filing Fee:	\$35.00			FILE OF	
Certified Copy (o					
•• • •	-			— — — — — — — — — — — — — — — — — — —	