

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A33583

Entity Name: SILVER PINES OF NORTH FLORIDA, LTD.

Current Principal Place of Business:

5393 SHORELINE CIR
SANFORD, FL 32771

Current Mailing Address:

5393 SHORELINE CIR
SANFORD, FL 32771

FEI Number: 59-3151891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOIVU, MARK T
5393 SHORELINE CIR
SANFORD, FL 32771 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

General Partner Detail :

Document # P94000047931
Name JAXOLD CORPORATION
Address 5393 SHORELINE CIR
City-State-Zip: SANFORD FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK KOIVU

PD

04/11/2014

Electronic Signature of Signing General Partner Detail

Date