

**2015 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

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04/21/2015

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date