FILED
Feb 02, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A03000000438

1. Entity Name
WESLEY D. MILLER FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
3972 N.E. 171 ST. N. MIAMI, FL 33160	3972 N.E. 171 ST. N. MIAMI, FL 33160

01042005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 14-1880749 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, WESLEY D
3972 N.E. 171 ST.
N. MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

9. Capital Contributions as Shown on record. $7,276,500.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000031946	STREET ADDRESS	
NAME	WESLEY D. MILLER FAMILY CORPORATION		
STREET ADDRESS	3972 N.E. 171 ST.	CITY-ST-ZIP	
CITY-ST-ZIP	N. MIAMI, FL 33160		
DOCUMENT #		STREET ADDRESS	U00000208864
NAME			02/02/05--00012--003 525.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wesley D. Miller As President of Corporate General Partner 1/25/05 305 945 9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #