## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2006**

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SIGNATUR

## Jan 27, 2006 08:00 AM DOCUMENT # A03000000438 **Secretary of State** 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For 4. FEI Number City & State City & State 14-1880749 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'Name MILLER, WESLEY D Street Address (P.O. Box Number is Not Acceptable) 3972 N.E. 171 ST. N. MIAMI FL 33160 City 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 FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. 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 NAME STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COTY-ST-7IP C/TY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

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