

2001 UNIFORM BUSINESS REPORT (UBR)

00096859 AF

DOCUMENT # A30518
 1. Entity Name
MILZAR, LTD.

FILED

01 MAY -3 PM 12:03

Principal Place of Business: **3802 S. WESTSHORE BLVD. TAMPA FL 33611**
 Mailing Address: **3802 S. WESTSHORE BLVD. TAMPA FL 33611**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

4. FEI Number: **59-3023648**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MILLER, MARK E., ESQ.
3802 S. WESTSHORE BLVD.
TAMPA FL 33611

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-nating) DATE: _____

9. Capital Contributions as Shown on record: **\$142,500.00 - 0 -**
 10. Amount of Capital Contributions in FLORIDA to date: **- 0 -**
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L93422
NAME	FAIRWAY SO. CARROLLWOOD
STREET ADDRESS	3802 S. WESTSHORE BLVD.
CITY-ST-ZIP	TAMPA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	200004334852--1
	-05/30/01--01096--007
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **4/26/01** Daytime Phone #: **(813) 889-7880**

CR2E003 (11/00)