## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Eeb 05, 2004 08:00 AM Secretary of State

DOCUMENT # A26928  1. Entity Name MILLER ROAD PLAZA, LTD.					Secretary of State		
Principal Place of Business         Mailing Address           10000 S.W. 56TH STREET #32         10000 S.W. 56TH STRE           MIAMI, FL 33165         MIAMI, FL 33165				2			
Principal Place of Business     3. Mailing Address				<u>_</u>			
Suite, Apt. #, etc.		Suite, Apt, #, etc.			01222004 Chg-LP CR2E003 (10/03)		
City & State		City & State			4. FEI Number Applied For 65-0057386 Not Applied by Applied For		
Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired  \$8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
QUINTANA, J. LUIS 338 MINORCA AVENUE CORAL GABLES, FL 33134					s (P.O. Box Number is Not Acceptable)		
				City	FL   Zip Code		
8. The above	The above named entity submits this statement for the purpose of changing its regist				red office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obliga	tions of registered agent.						
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE		
9. Capital Co as Shown	entributions son record. \$225,000.00	10. Amount of C		ibutions			
	A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY N	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.		
12.	NOTE: General Partners MAY NOT be changed on to 12. GENERAL PARTNER INFORMATION			ii, an amendine	ADDRESS CHANGES ONLY		
DOCUMENT #	7		STR	EET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	MILLER ROAD PLAZA, INC. 10000 SW 56TH ST., #32 MIAMI, FL	<b>✓</b>	cim	Y-51-ZIP			
DOCUMENT #			STR	EET ADDRESS	00/100007/1747 02/2 <b>8/</b> 04-80031-009 535 <b>.00</b>		
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP			
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STREET ADDRESS CITY ST-ZIP OCCUPAENT #			CIT	Y-ST-ZIP			
DOCUMENT#			STF	REET ADDRESS			
NAME STREET ADDRESS			CIT	Y-ST-ZIP			
DOCUMENT #			SI	REET ADDRESS			
STREET ADDRESS CITY - ST - ZIP				Y-ST-ZIP			
14. I hereby indicated the rece	certify that the information supplied d on this report is true and accurate iver or trustee empowered to execu-	with this filing does not qual and that my signature shall to this report as required by 0	fy for the ex- nave the san Chapter 620,	emption stated in S ne legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the Information if made under oath; that I am a General Partner of the limited partnership		