


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

**FILED**

04 APR 29 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000121	
1. Entity Name BOND & MEL MILLARD ENTERPRISES LIMITED PARTNERSHIP	

Principal Place of Business 1955 N.E. 149TH STREET NORTH MIAMI, FL 33181	Mailing Address 99 N. POST OAK LANE, APT 4108 HOUSTON, TX 77024
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2. Principal Place of Business <i>1127 Boca Cove Lane</i>	3. Mailing Address <i>3230 Stirling Rd.,</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>SUITE 1</i>
City & State <i>Highland Beach, FL</i>	City & State <i>Hollywood, FL</i>
Zip <i>33487</i>	Country <i>Palm Beach</i>
Zip <i>33021</i>	Country <i>Broward</i>



03212004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  ENGELBERG, MORRIS-ESQ C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000008407 BOND & MEL MILLARD ENTERPRISES, INC. 99 N. POST OAK LANE, APT 4108 HOUSTON, TX 77024	STREET ADDRESS CITY-ST-ZIP	<i>1127 Boca Cove Lane</i> <i>Highland Beach, FL 33487</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>900036072819</i> <i>05/11/04-01091-007 **526.25</i>
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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]* **4/15/04** **305 987 1007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE