


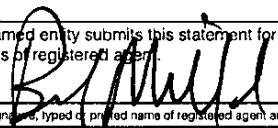
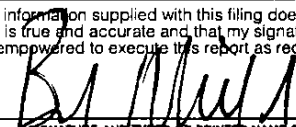
# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000121			
1. Entity Name BOND & MEL MILLARD ENTERPRISES LIMITED PARTNERSHIP			
Principal Place of Business 1127 BOCA COVE LANE HIGHLAND BEACH, FL 33487		Mailing Address 3230 STIRLING RD., SUITE 1 HOLLYWOOD, FL 33021	
2. Principal Place of Business 1100 S.E. 5 COURT		3. Mailing Address SAME	
Suite, Apt. #, etc. #62		Suite, Apt. #, etc.	
City & State POMPAÑO BEACH, FLORIDA		City & State	
Zip 33060	Country U.S.	Zip	Country
4. FEI Number 65-1070451		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 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 		DATE	
9. Capital Contributions as Shown on record. \$100,000,000.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000008407 BOND & MEL MILLARD ENTERPRISES, INC. 1127 BOCA COVE LANE HIGHLAND BEACH, FL 33487	STREET ADDRESS CITY-ST-ZIP	
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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: 		Date Daytime Phone #	

STAPLE CHECK HERE