

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A26928**

1. Entity Name  
**MILLER ROAD PLAZA, LTD.**



Principal Place of Business  
**10000 S.W. 56TH STREET #32**  
**MIAMI, FL 33165**

Mailing Address  
**10000 S.W. 56TH STREET #32**  
**MIAMI, FL 33165**



03152008 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0057386**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

**QUINTANA, J. LUIS**  
**338 MINORCA AVENUE**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE**  
**IN THIS SPACE**

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

UN0000475711  
04/05/06-80027-003 508.75

**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

DOCUMENT # **K13778**  
NAME **MILLER ROAD PLAZA, INC.**  
STREET ADDRESS **10000 SW 56TH ST., #32**  
CITY-ST-ZIP **MIAMI, FL**

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**IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/17/06

(305) 595-8220

Date

Daytime Phone #

STAPLE CHECK HERE