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

## FILED **DOCUMENT # A01000000121** 06 MAY -1 PM == 45 **BOND & MEL MILLARD ENTERPRISES LIMITED PARTNERSHIP** SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1100 S.E. 5 COURT, #62 3230 STIRLING RD., SUITE 1 POMPANO BEACH, FL 33060 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 7000 Island Boulevard c/o Morris Engelberg, Esq. Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LP CR2E003 (11/05) Suite 2008 4040 Sheridan Street City & State City & State 4. FEI Number Applied For Hollywood, Florida Aventura, Florida 65-1070451 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33160 US A 33021 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGELBERG, MORRIS ESQ C/O ENGELBERG & MILGRIM, P.L. Street Address (P.O. Box Number is Not Acceptable) <u>4040 Sheridan Street</u> 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 Zip Code 33021 Mollywood, Florida 8. The above named entity submits this statement e of changing its rec tered offic or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE MORRIS ENGELBERG 03/27/2006 Signature, typed or printed name of registered agent DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P01000008407 DOCUMENT # STREET ADDRESS 7000 Island Boulevard, Suite 2008 NAME BOND & MEL MILLARD ENTERPRISES, INC. STREET ADDRESS 1127 BOCA COVE LANE CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH, FL 33487 Aventura, Florida 33160 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A 400074697334 STREET ADDRESS NAME STREET ADDRESS City-St-7P CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

MILLARD ENTERPRISES, INC., General Partner

SIGNING GENERAL PARTNER

Wm. Bond Millard, Pres.

03/27/2006

Date

561-715-6745

Davume Phone #

BOND

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE.By: