


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A00000000539	
<b>1. Entity Name</b> MILLER FAMILY INTEREST LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 367 EAGLE AVE. EAGLE LAKE FL 33839 US	<b>Mailing Address</b> PO BOX 334 EAGLE LAKE FL 33839 US
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 59-3641154	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MILLER, GORDON S 367 EAGLE AVE EAGLE LAKE FL 33839
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
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**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b>	P00000030749
<b>NAME</b>	MILLER GP, INC.
<b>STREET ADDRESS</b>	367 EAGLE AVE.
<b>CITY- ST- ZIP</b>	EAGLE LAKE FL 33839
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	U000000628376
<b>CITY- ST- ZIP</b>	02/16/07-80013-001-500.00
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>	
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<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

STAPLE CHECK HERE

**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**

<b>SIGNATURE:</b> 	<b>1-5-07</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>
	<small>Daytime Phone #</small>