2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A01000000121

1. Entity Name

BOND & MEL MILLARD ENTERPRISES LIMITED

PARTNERSHIP

Principal Place of Business

Mailing Address

3814 N.E. 166th Street

C/O MORRIS ENGELBERG, ESQ. North Miami Beach, Fl. 33160 4040 SHERIDAN STREET HOLLYWOOD, FL 33021

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 27



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DO NOT WRITE IN THIS SPACE

04092008 No Chg-LP

CR2E003 (12/06)

4 FELNumber 65-1070451 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS ESQ C/O ENGELBERG AND MILGRIM, P.L. 4040ISI ERIDAN STREET AVENTŪRA, FL 33021

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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

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.

	NOIE: General Partners MAY NOI be changed on the			
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT # NAME	P0100008407 BOND & MEL MILLARD ENTERPRISES, INC.		
	STREET ADDRESS CITY-ST-ZIP	3814 N.E. 166th Street		
	DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP	N. Miami-Beach, Florida 33160		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	OOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS			

100127326721 04/30/08--01018--020 **\$00.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 Parther of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

WILLIAM BOND MILLARD, Presignt /Pmesident

Daytime Phone #