



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000170</b> 1. Entity Name <b>MILTON MEDICAL EQUITY INVESTORS, LTD.</b>					
Principal Place of Business <b>3399 PGA BLVD., #240</b> <b>PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>3399 PGA BLVD., #240</b> <b>PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
					
			01162004    Chg-LP    CR2E003 (10/03)		
			4. FEI Number <b>65-1089644</b>		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>PIERCE, THOMAS K ESQUIRE</b> <b>3399 PGA BLVD., #240</b> <b>PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$999.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000010589			STREET ADDRESS	
NAME	FLORIDA/MILTON MEDICAL EQUITY INVESTORS			CITY-ST-ZIP	
STREET ADDRESS	3399 PGA BLVD., #240				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				
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NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date _____ <small>Date</small>	

STAPLE CHECK HERE

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