

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001492 AV

DOCUMENT # **A01000000384**

1. Entity Name
MILPORT INVESTORS LTD.

02 APR 17 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3711 S.W. 27TH STREET MIAMI FL 33134



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State
Zip Country Zip Country

4. FEI Number **65-1090129**
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$863,002.37** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000004078 NILY, LLC 3711 S.W. 27TH STREET MIAMI FL 33134	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000004078 PORTER HOUSE, LLC 3711 S.W. 27TH STREET MIAMI FL 33134	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	100005316121--1
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	-04723702--01011--003
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	***526.25 ***526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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

SIGNATURE: *[Signature]* **HAZARD MILTON - PARTNER** 3/26/02 205-444-8326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)