


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Mar 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000000384

1. Entity Name
MILPORT INVESTORS, LLLP



Principal Place of Business
**3711 S.W. 27TH STREET
MIAMI, FL 33134**

Mailing Address
**3711 S.W. 27TH STREET
MIAMI, FL 33134**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02182005 Chg-LP CR2E003 (10/03)

City & State
Zip Country

4. FEI Number
65-1090129

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130**

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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.

**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 #	L01000004078	STREET ADDRESS	
NAME	NILY, LLC	CITY - ST - ZIP	
STREET ADDRESS	3711 S.W. 27TH STREET		
CITY - ST - ZIP	MIAMI, FL 33134		
DOCUMENT #	L01000004068	STREET ADDRESS	
NAME	PORTER HOUSE, LLC	CITY - ST - ZIP	
STREET ADDRESS	3711 S.W. 27TH STREET		000000247717
CITY - ST - ZIP	MIAMI, FL 33134		03/01/05-80034-023 526.25
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CITY - ST - ZIP			

STAPLE CHECK HERE

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:  **2-18-05** **305 444-8326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #