

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 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



01172006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1090129	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

WEISSLER, ROBERT J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # **L01000004078**
 NAME **NILY, LLC**
 STREET ADDRESS **3711 S.W. 27TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33134**

DOCUMENT # **L01000004068**
 NAME **PORTER HOUSE, LLC**
 STREET ADDRESS **3711 S.W. 27TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33134**

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U00000398994
 01/31/06-80020-019 500.00

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-17-06 305-444-8326
 Date Daytime Phone #