

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 31 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A01000000384

1. Entity Name
MILPORT INVESTORS LTD.



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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number 65-1090129

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

6. Name and Address of Current Registered Agent

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

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.

11. MAKE CHECK PAYABLE TO FL. 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	
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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	300014954169 04/01/03--01003--014 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>BK</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

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

3/26/2003 305-444-8326
Date Daytime Phone #

CR2E003 (10/02)