

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A01000000841	
1. Entity Name THE WALTER G. MILLS FAMILY PARTNERSHIP, L.L.L.P.	



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WALTER G. MILLS

MJH

Principal Place of Business 3301 WHITFIELD AVENUE SARASOTA, FL 34243	Mailing Address 3301 WHITFIELD AVENUE SARASOTA, FL 34243
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122005 Chg-LP CR2E003 (10/03) 6/6

4. FEI Number 59-3727984	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BAKER, STEVEN E 3301 WHITFIELD AVENUE SARASOTA, FL 34243	

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. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$430,891.17
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**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 #	MILLS, WALTER G TRUSTEE	STREET ADDRESS	
NAME	3301 WHITFIELD AVENUE	CITY-ST-ZIP	000054320910
STREET ADDRESS	SARASOTA, FL 34243		05/12/05--01023--006 **526.25
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Walter G Mills 4/28/05 941-758-6441  
WALTER G MILLS, LP Date Daytime Phone #

STAPLE CHECK HERE