2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By.May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A01214

1. Entity Name
MILLE BORNES ASSOCIATES, LLLP

Principal Place of Business	Mailing Address
C/O TIMOTHY B. BURNETT 822 NORTH ELM STREET GREENSBORO, NC 27401	C/O TIMOTHY B. BURNETT P. O. BOX 14220 GREENSBORO, NC 27415

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-6233376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UCC FILING AND SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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 (Signature, typed or printed name of registered agent and, if applicable, title) DATE

9. Capital Contributions as Shown on record:	$2,000.00	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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MILES, SAM E JR.	CITY-ST-ZIP	
STREET ADDRESS	200 W. BROW OVAL		
CITY-ST-ZIP	LOOKOUT MT., TN		
DOCUMENT #		STREET ADDRESS	
NAME	BURNETT, TIMOTHY	CITY-ST-ZIP	
STREET ADDRESS	810 COUNTRY CLUB DRIVE		
CITY-ST-ZIP	GREENSBORO, NC		
DOCUMENT #		STREET ADDRESS	U00000159105
NAME		CITY-ST-ZIP	05/10/04-80016-020 141.25
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STREET ADDRESS			
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: Timothy B. Burnett 4-28-04 336-272-8179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #