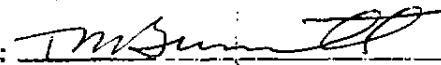


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004
FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A01214			
1. Entity Name MILLE BORNES ASSOCIATES, LLLP			
Principal Place of Business C/O TIMOTHY B. BURNETT 822 NORTH ELM STREET GREENSBORO, NC 27401		Mailing Address 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
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	
4. FEI Number 56-8233376			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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 _____			
9. Capital Contributions as Shown on record \$2,000.00		10. Amount of Capital Contributions in FLORIDA by 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 # NAME STREET ADDRESS CITY, ST, ZIP	MILES, SAM E JR. 200 W. BROW OVAL LOOKOUT MT., TN	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP	BURNETT, TIMOTHY 810 COUNTRY CLUB DRIVE GREENSBORO, NC	STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP		STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP		STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP		STREET ADDRESS CITY, ST, ZIP	
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP		STREET ADDRESS CITY, ST, ZIP	
14. I, the filer, certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(c), 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. 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			



04282004 Chg-LP CR2E003 (10/03)

4. FEI Number
56-8233376Approved For
Not Applicable5. 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 of filer or authorized partner of a limited partnership or trustee of a trust.

DATE

9. Capital Contributions as Shown on record **\$2,000.00**

10. Amount of Capital Contributions in FLORIDA by 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.

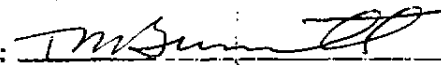
12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIP
**MILES, SAM E JR.
200 W. BROW OVAL
LOOKOUT MT., TN**
DOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIP
**BURNETT, TIMOTHY
810 COUNTRY CLUB DRIVE
GREENSBORO, NC**
DOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY, ST, ZIPSTREET ADDRESS
CITY, ST, ZIPSTREET ADDRESS
CITY, ST, ZIPSTREET ADDRESS
CITY, ST, ZIPSTREET ADDRESS
CITY, ST, ZIPSTREET ADDRESS
CITY, ST, ZIP
000000159105
05/10/04-30016-020 141.25

14. I, the filer, certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(c), 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. 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

Phone Number