Mailing Address C/O TIMOTHY B. BURNETT

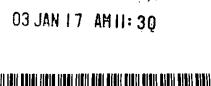
A01214

DOCUMENT #

Principal Place of Business C/O TIMOTHY B. BURNETT

1. Entity Name
MILLE BORNES ASSOCIATES, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



822 NORTH ELM STREET GREENSBORO NC 27401			P. O. BOX 14220 GREENSBORO NC 27415						(1 110 1) 1311) 1101 1311 1311
2. Principal Place of Business			3. Mailing Address				871 88781 17918 11887 11811 BIBI	UHUHI UIE	{
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State		4. FEI Number 56-6233376 Applied For Not Applicable				
Zip		Country	Zip	Coun	itry	5. Certificate of	f Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
FOSTER, DAVID M					Name				
•		LVD.		Street Addres		s (P.O. Box Number	is Not Accentable)		
	erplace bi	LVD.			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 15		,							
JACKSON	IVILLE FL 32	2207			City			FL	Zip Code
	named entity tions of registe	submits this statement fo ered agent.	r the purpose of cha	anging its registere	ed office or regist	tered agent, or both,	in the State of Florida.	I am fa	millar with, and accept
SIGNATURE									
		or printed name of registered agent a				· <u> </u>		DATE	
9. Capital Co as Shown	on record.	\$2,000.00	in FLO	Amount of Capital Contributions in FLORIDA to date.				E FOR	O FL. DEPT. OF STATE FEE INFORMATION
		GENERAL PARTNER T General Partners MA							ner
12.		GENERAL PARTNER		13,	, an amondin	The state of the s	ADDRESS CHANGE		
DOCUMENT #									
NAME MILES, SAM E JR.			SIR		ET ADORESS	900010180519			
STREET ADDRESS			CITY		-ST-ZIP	01/17/0301023004 **141.25			
CITY-ST-ZIP	LOOKOUT MT. TN							′′′	
DOCUMENT #				STRE	ET ADDRESS				
NAME	BURNETT,		⇒ ° CIT			<u> </u>	·		
STREET ADDRESS CITY-ST-ZIP	GREENSB	ITRY CLUB DRIVE ORO NC			-ST-ZIP	• • •		-	
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STREET ADDRESS City-St-Zip		•		CITY-	-ST-ZIP		<u> </u>		
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STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP		<u></u>		
	ertify that the	information supplied with	this filing does not	qualify for the exer	motion stated in 9	Section 119 07/31/i)	Florida Statutes, i furthe	er certif	v that the information
indicated	on this report	t is true and accurate and empowered to execute this	that my signature sl	hall have the same	e legal effect as if	made under oath; th	nat I am a General Partr	ner of th	e limited partnership or

SIGNATURE: