

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000697

1. Entity Name
MILLENNIA LI RESTAURANTS, LTD.



Principal Place of Business
**5728 MAJOR BLVD., SUITE 601
 ORLANDO, FL 32819**

Mailing Address
**5728 MAJOR BLVD., SUITE 601
 ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03192004

Chg-LP

CR2E003 (10/03)

4116

4. FEI Number

20-0018450

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KATHIB, RASHID A
 5728 MAJOR BLVD., SUITE 601
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

KHATIB, RASHID A

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 title if applicable.

3/23/04
 DATE

9. Capital Contributions
 as Shown on record.

\$0.00
~~\$3,250,000.00~~

10. Amount of Capital Contributions
 in FLORIDA to date.

\$ 526.25

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 # **P03000015851**
 NAME **MILLENNIA LI RESTAURANTS, INC.**
 STREET ADDRESS **5728 MAJOR BLVD., SUITE 601**
 CITY-ST-ZIP **ORLANDO, FL 32819**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000034552760

04/29/04--01018--013 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/04
 Date

Daytime Phone #

STAPLE CHECK HERE