

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

DOCUMENT # A03000000697

1. Entity Name
 MILLENIA 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 - No P.O. Box #
 7932 W. Sand Lake Rd.

3. Mailing Address
 7932 W. Sand Lake Rd.

Suite 300

Suite 300, etc.

Orlando, FL

Orlando, FL

32819

Country

32819

Country

03112008 Chg-LP CR2E003 (12/06)

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7932 W. Sand Lake Rd. Ste 300
 Orlando, FL 32819

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

400125591064
 04/24/08--01035--019 **500.00

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

STREET ADDRESS
 CITY-ST-ZIP 7932 W. Sand Lake Rd. Ste 300
 Orlando, FL 32819

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DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

STAPLE CHECK HERE