

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000062

1. Entity Name
MILPORT ENTERPRISES LLLP



Principal Place of Business
3711 S.W. 27TH ST
MIAMI, FL 33134

Mailing Address
3711 S.W. 27TH ST
MIAMI, FL 33134



01252008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1476773

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER ST
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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

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 # L04000011281
NAME 23 PALMS, LLC
STREET ADDRESS 2937 S.W. 27TH AVENUE, SUITE 303
CITY-STATE-ZIP COCONUT GROVE, FL 33133

DOCUMENT # L04000012168
NAME MILPORT ENTERPRISES GP, LLC
STREET ADDRESS 4736 NORTH BAY RD
CITY-STATE-ZIP MIAMI BEACH, FL 33140

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

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02/26/08-80070-001 500.00

**DO NOT WRITE
IN THIS SPACE**

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

2/13/08
Date

Daytime Phone #

STAPLE CHECK HERE