

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000253

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** S. MILLER FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

9250 CORKSCREW ROAD #8  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

9250 CORKSCREW ROAD #8  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 20-4319612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTELLO, TRUMAN J  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L06000009651  
Name: SSM, LLC  
Address: 9250 CORKSCREW ROAD #8  
City-St-Zip: ESTERO, FL 33928

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE MILLER

GP

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date