


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000001099	
1. Entity Name E & B MILLER FAMILY FLORIDA LIMITED PARTNERSHIP	

Principal Place of Business 11940 BRAMBLE COVE DRIVE FT. MYERS FL 33905	Mailing Address 11940 BRAMBLE COVE DRIVE FT. MYERS FL 33905
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address PO Box 728 Suite, Apt. #, etc.
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City & State LA BELLE, FLORIDA	City & State LA BELLE, FLORIDA
Zip 33975	Country USA

FILED
2007 APR 30 AM 10:16
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1st MOORE CR2E003 (10/06)



6. Name and Address of Current Registered Agent MILLER, EARL E 11940 BRAMBLE COVE DRIVE FT. MYERS FL 33905	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
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 Earl E. Miller <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 04-18-07

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #		STREET ADDRESS	
NAME	MILLER, EARL E	CITY- ST- ZIP	
STREET ADDRESS	11940 BRAMBLE COVE DRIVE		
CITY- ST- ZIP	FT. MYERS FL 33905		
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CITY- ST- ZIP			

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05/09/07--01044--014 **500.00

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: Earl E. Miller	EARL E. MILLER	04-18-07	863-673-0557
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE