

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

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 PO BOX 728 LABELLE FL 33975
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FE Number	NO-T APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MILLER, EARL E 11940 BRAMBLE COVE DRIVE FT. MYERS FL 33905	

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	Date

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	MILLER, EARL E	STREET ADDRESS	
NAME	11940 BRAMBLE COVE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	FT. MYERS FL 33905		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000938729
NAME		CITY-ST-ZIP	05/27/08-80101-022 500.00
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NAME		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: *Earl E Miller* **EARL E. MILLER** 863-673-0557
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dwing Place

STAPLE CHECK HERE