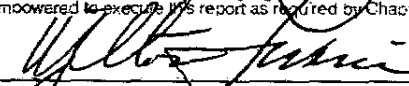


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A07684 1. Entity Name MIL-DELL, LTD.					
Principal Place of Business 11520 STATE ROAD #7 BOYNTON BEACH, FL 33486			Mailing Address 1401 S.W. 8TH STREET BOCA RATON, FL 33486		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1921119	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐	
6. Name and Address of Current Registered Agent LAVERNIA, MILTON 1401 SW 8TH STREET BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				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 _____ Sign with a typed or printed name of the general partner and the date.				DATE _____	
9. Capital Contributions as Shown on record \$1,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # NAME STREET ADDRESS CITY ST ZIP	LAVERNIA, MILTON 1401 SW 8TH STREET BOCA RATON, FL 33486		STREET ADDRESS CITY ST ZIP		
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	MANDELL, ROBERT C. 6801 LAKE WORTH RD #124 LAKE WORTH, FL		STREET ADDRESS CITY ST ZIP		
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP			STREET ADDRESS CITY ST ZIP		
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DOCUMENT # NAME STREET ADDRESS CITY ST ZIP			STREET ADDRESS CITY ST ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			2/6/04 561-392-4263		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		

STAPLE CHECK HERE