

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1921119	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAVERNIA, MILTON 1401 SW 8TH STREET BOCA RATON, FL 33486				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 _____ Signature, typed or printed name of registered agent and title if applicable.					
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		
STREET ADDRESS	LAVERNIA, MILTON		CITY-ST-ZIP	000000196568	
CITY-ST-ZIP	BOCA RATON, FL 33486			01/26/05-80076-008 526.25	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MANDELL, ROBERT C.		CITY-ST-ZIP		
CITY-ST-ZIP	6801 LAKE WORTH RD #124				
CITY-ST-ZIP	LAKE WORTH, FL				
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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)(i), 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: <i>Lavernia</i>			1/14/05		561-392-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE