2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UN	IFOR	W ROZIN	IE22 KEI	POKI (UBK)	
DOCUMENT # A09908 1. Entity Name MILTON APARTMENTS, LTD.						03 MAY -2 PM 6: 39
Principal Place of Business 2962 RANCHETTE SO. P.O. BOX 596 GULF BREEZE FL 32562			Mailing Address 1002 W. 23RD STREET, SUITE 400 PANAMA CITY FL 32405		0	SECKET ANY OF STATE TALEATIASSEE, BLORIDA
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003
City & State Zip Country 6. Name and Address of Curre			City & State	· · ·		4. FEI Number 59-2211957 Applied For Not Applicable
Zip Country			Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent
DDOVOON					Name	
BROXSON, JOHN R. #5 CENTER ST						s (P.O. Box Number is Not Acceptable)
GULF BREEZE FL 32562					City	Zip Code
the obligati	ions of regist	ered agent.		anging its registe	red office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$82,620.00 In FLORIDA to date in FLORIDA to date					ributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
200.000	Α (GENERAL PARTNE	R THAT IS A BUSIN	VESS ENTITY N	MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.						ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	BROXSON #5 CENTE	GENERAL PARTNER INFORMATION 13. ADD JOHN R. STREET ADDRESS ST				
CITY-ST-ZIP	GULF BREEZE FL		CIT	Y-ST-ZIP	700017914447	
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STREET ADDRESS CITY-ST-ZIP				, CITY	Y-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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

46503 850 769-898