

**2012 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Jan 17, 2012  
Secretary of State**

DOCUMENT# A11000000968

Entity Name: MILLER DISABILITY, LP

**Current Principal Place of Business:**

227 GILMORE RD.  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

227 GILMORE RD.  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 90-0781502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, ROBERT D  
227 GILMORE RD.  
SANTA ROSA BEACH, FL 32459      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: L11000142332  
Name: MILLER FAMILY MANAGEMENT, LLC  
Address: 227 GILMORE RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LESLIE MILLER

ASST

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date