



**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 APR -3 PM 2:46 	
1. Name of Limited Partnership MILLS END LIMITED		1a. DOCUMENT # A13654			
Mailing Address 6 EAST HICKORY STREET P.O. BOX 1013 ARCADIA FL 33821		Principal Office Address 6 EAST HICKORY STREET P.O. BOX 1013 ARCADIA FL 33821		3. Date Formed or Registered 12/22/1982 3a. Date of Last Report 04/09/1996 4. State or Country of Formation FL	
2. Mailing Address P.O. Box 1013 Suite, Apt. #, etc.		2a. Principal Office Address P.O. Box 1013 Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$148,500.00 5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Arcadia FL Zip Country 34265 USA		City & State Arcadia FL Zip Country 34265 USA		6. FEI Number 59-2226303 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent MARKEY, W. KEITH 208 WEST MAGNOLIA STREET ARCADIA FL 33821			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 34265		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) <i>[Signature]</i> DATE					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) MARKEY, W. KEITH		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 208 W. MAGNOLIA		11b. City, State & Zip Code ARCADIA FL	
				11c. Registration/Document Number CR 43	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <i>[Signature]</i> DATE 3-31-97 Typed or Printed Name of General Partner Signing Form W. Keith Markey Dayline Telephone Number 941-494-1855 x3					

CR2E003 (1/96)