2000 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # A24999  1. Entity Name					FILED
MILLER (	PROPERTIES, LTD.				00 JÁN 24 PM 4: 20
Principal Plac 331 CENTRAL CRESCENT C	AVE.	Mailing Address 331 CENTRAL AVE. CRESCENT CITY FL 3211	_		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business     3. Mailing Address			e-		
Suite, Apt.	LABESHORE DR.	Suite, Apt. #, etc.	P.O. BOX 535 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	CONT CITY, FL	CRESCENT	CRESCENT CITY, FL		4. FEI Number
321	Country USA  6. Name and Address of Current R	32/12	Cour	ÜSA	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
MILLER, THOMAS A 331 CENTRAL AVE. CRESCENT CITY FL 32112				Street Address	STIRLING HUE  STORE ARK  FL Zip-Sode 789
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.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. Capital Contributions as Shown on record.  \$7,000.00  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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.					
DOCUMENT#	GENERAL PARTNER	INFORMATION	13. STR		P.O. BOX 535
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, THOMAS A TRUSTEE 331 CENTRAL AVENUE CRESCENT CITY FL 32112		CITY		RESCENT CITY, FL 32112
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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 the receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes					
SIGNATURE:   AGNATURE:   AGNATURE AND TYPE OR PROVIED NAME OF DESTRICT OF SALE DAYLING PHONE #					
	MILLER INVE	STMENTS TRUS	TB	GU. PARTA	UEK.