


2001 UNIFORM BUSINESS REPORT (UBR)

0012392 AF

DOCUMENT # A24999

1. Entity Name
MILLER PROPERTIES, LTD.

FILED
01 APR 23 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **100 LAKESHORE DR. CRESCENT CITY FL 32112**

Mailing Address: **P.O. BOX 535 CRESCENT CITY FL 32112**

2. Principal Place of Business: **98 LAKE SHORE DR.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2836918**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, THOMAS A
211 STIRLING AVE
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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.

SIGNATURE: *Thomas A. Miller, Trustee, Miller Inv. Trust, G.P.* DATE: **4-10-01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$7,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,000.00**

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	MILLER, THOMAS A TRUSTEE
STREET ADDRESS	P.O. BOX 535
CITY-ST-ZIP	CRESCENT CITY FL 32112
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900004163439--6
CITY-ST-ZIP	-05/08/01--01129--024
	****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Thomas A. Miller, Trustee, Miller Inv. Trust, G.P.* DATE: **4-10-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)