

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB -4 PM 12:30

DOCUMENT # A24999 1. Entity Name MILLER PROPERTIES, LTD.	
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Principal Place of Business 107-A BREEZ POINT LANE CRESCENT CITY, FL 32112	Mailing Address P.O. BOX 535 CRESCENT CITY, FL 32112
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2836918	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, DANIEL L TRUSTEE 1400 SUNSET DR. WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 03/17/04--01011--001 **150.00 City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **03/17/04--01011--001 **150.00**

Signature, typed or printed name of registered agent and fee if applicable.

9. Capital Contributions as Shown on record. \$7,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MILLER, DANIEL L TRUSTEE 1400 SUNSET DRIVE WINTER PARK, FL 32789	STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *[Signature]* **01/22/04** **386-698-1062**

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