

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24999**

1. Entity Name  
**MILLER PROPERTIES, LTD.**



Principal Place of Business  
**98 LAKESHORE DRIVE  
CRESCENT CITY FL 32112**

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

FILED

03 MAR -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**107A BREEZY PT. LN.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
**CRESCENT CITY, FL**  
Zip  
**32112**

City & State

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  
98 LAKE SHORE DRIVE  
CRESCENT CITY FL 32112**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1400 SUNSET DR**

City

**WINTER PARK**

FL

Zip Code

**32789**

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

*[Signature]*  
Signature of registered agent or trustee of the entity

DATE

**1/17/03**

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

10. Amount of Capital Contributions in FLORIDA to date. **GEN. PARTNER**

11. MAKE CHECK PAYABLE TO FL. 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, DANIEL L TRUSTEE**  
STREET ADDRESS **98 LAKESHORE DRIVE**  
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**1400 SUNSET DR.**

CITY-ST-ZIP

**WINTER PARK, FL 32789**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

*[Signature]*  
SIGNATURE REQUIRED

**1/17/03**

**386-698-1062**

**DANIEL L. MILLER, TRUSTEE OF MILLER INV. TRUST**

Date

Daytime Phone #

CR2E003 (10/02)