



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 PM 12: 37

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 PM 12: 37 	
1. Name of Limited Partnership MILZAR, LTD.		1a. DOCUMENT # A30518			
Mailing Address 3802 S. WESTSHORE BLVD. TAMPA FL 33611		Principal Office Address 3802 S. WESTSHORE BLVD. TAMPA FL 33611		3. Date Formed or Registered 08/24/1990 3a. Date of Last Report 04/03/1998 4. State or Country of Formation FL 6. FEI Number 59-3023648 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$142,500.00 5b. Amount of Capital Contributions in FLORIDA to date: 100 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent MILLER, MARK E., ESQ. 3802 S. WESTSHORE BLVD. TAMPA FL 33611		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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) _____ 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) FAIRWAY SO. CARROLLWOOD		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3802 S. WESTSHORE BLV		11b. City, State & Zip Code TAMPA FL	
11c. Registration/Document Number L93422		500002712825--D -12/15/98 - 01055--002 ****141.25 ****141.25			
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 filing 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 _____ Typed or Printed Name of General Partner Signing Form <i>Mark Miller</i>		#general partners _____ DATE <i>11/17/98</i> Daytime Telephone Number <i>(813) 839-2800</i>			

CR2E003 (8/98)