

2002 UNIFORM BUSINESS REPORT (UBR)

0002318 AV

DOCUMENT # A33148

1. Entity Name

MIML, LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 19501 BISCAYNE BLVD., SUITE 400 AVENTURA FL 33180 | Mailing Address 19501 BISCAYNE BLVD., SUITE 400 AVENTURA FL 33180 |
|---|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DUE BY MAY 1, 2002

| | |
|--|--|
| 4. FEI Number 65-0356791 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOFFER, MARSHA 19501 BISCAYNE BLVD., SUITE 400 AVENTURA FL 33180 | |
| 7. Name and Address of New Registered Agent | |
| Name | Street Address (P.O. Box Number is Not Acceptable) |
| City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$7,500.00 | 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.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|--|--------------------------|--|
| DOCUMENT # V45925 | NAME JOMAR REAL ESTATE HOLDINGS CORPORATION | STREET ADDRESS | |
| STREET ADDRESS 19501 BISCAYNE BLVD., SUITE 400 | CITY-ST-ZIP AVENTURA FL 33180 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |
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| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |
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| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Marsha Soffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/02
Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)