


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A33148
 1. Entity Name
MIML, LIMITED PARTNERSHIP



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



2. Principal Place of Business 3. Mailing Address

Suite Apt #, etc Suite Apt #, etc

City & State City & State

Zip Country Zip Country

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0356791 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **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. I am familiar with, and accept the obligations of registered agent.

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

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	STREET ADDRESS	
NAME	JOMAR REAL ESTATE HOLDINGS CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	19501 BISCAYNE BLVD., SUITE 400		
CITY-ST-ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	000000157043
NAME		CITY-ST-ZIP	05/06/04-30010-014 141.25
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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:  **4-26-04** **305-937-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #