


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Feb 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # A33148 1. Entity Name MIML, LIMITED PARTNERSHIP	
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------

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

DO NOT WRITE IN THIS SPACE



01302007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0356791	Applied For 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

**DO NOT WRITE
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 STREET ADDRESS CITY-ST-ZIP	V45925 JOMAR REAL ESTATE HOLDINGS CORPORATION 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000646622
03/06/07-80039-018 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 2-20-07 DAYTIME PHONE #: 305-933-5592

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