

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A94000000819

1. Entity Name
MILLIGAN FAMILY LIMITED PARTNERSHIP



FILED
05 MAY 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
116 ST LAWRENCE AVE
WORTHING
W SUSSEX ENGLAND BN14 7JL, FL BN14 -7JL UK

Mailing Address
116 ST LAWRENCE AVE
WORTHING
W SUSSEX ENGLAND BN14 7JL, FL BN14 -7JL UK



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3250735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, CORNEAL B
130 E. CENTRAL AVENUE
LAKE WALES, FL 33853

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. \$8,901,000.00 * 00
\$9,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

* The original figure was erroneously recorded

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 #
NAME MILLIGAN, FRANCIE G
STREET ADDRESS 403 NORTH SCENIC HIGHWAY
CITY-ST-ZIP FROSTPROOF, FL 33843

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME MILLIGAN, DAVID P
STREET ADDRESS 403 NORTH SCENIC HIGHWAY
CITY-ST-ZIP FROSTPROOF, FL 33843

STREET ADDRESS 100055320831
CITY-ST-ZIP 05/25/05--01012--003 **1219.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

David Milligan

21 Mar 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE