

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

mtw
12/11

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 10 PM 2: 58

1. Name of Limited Partnership JAVIER MILLER FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A94000001001
--	--



2. Mailing Address 3898 GOLDEN MEADOW COURT OVIEDO FL 32765	2a. Principal Office Address 3898 GOLDEN MEADOW COURT OVIEDO FL 32765	3. Date Formed or Registered 07/25/1994 3a. Date of Last Report 04/01/1997 4. State or Country of Formation FL 6. FEI Number 59-3139003 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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)
--	--	--

5a. Capital Contributions as Shown on record. \$100.00	5b. Amount of Capital Contributions in FL ORIDA to date:
--	---

9. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M ESQUIRE 430 NORTH MILLS AVENUE ORLANDO FL 32803	10. If changed, now 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MILLER, JAVIER	3898 GOLDEN MEADOW CO	OVIEDO FL 32765	
MILLER, MARIA L	3898 GOLDEN MEADOW CO	OVIEDO FL 32765	

700002370327--8
-12/12/97--01030--012
****156.25 ****156.25

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  DATE 12-3-97
 Typed or Printed Name of General Partner Signing Form JAVIER MILLER M.D. Daytime Telephone Number 407 496 4159

CR2E003 (6/97)