


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 AUG 12 PM 1:26
 WL
 08/27/04

DOCUMENT # A94000001001
 1. Entity Name
 JAVIER MILLER FAMILY PARTNERSHIP, LTD.



Principal Place of Business
 3898 GOLDEN MEADOW COURT
 OVIEDO, FL 32765

Mailing Address
 3898 GOLDEN MEADOW COURT
 OVIEDO, FL 32765



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07282004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3139003

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, JAVIER M.D.
 3898 GOLDEN MEADOW COURT
 OVIEDO, FL 32765

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. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	MILLER, JAVIER	STREET ADDRESS	800040648638
NAME	3898 GOLDEN MEADOW COURT	CITY-ST-ZIP	
STREET ADDRESS	OVIEDO, FL 32765		08/30/04--01091--025 **100.00
CITY-ST-ZIP			
DOCUMENT #	MILLER, MARIA L	STREET ADDRESS	
NAME	3898 GOLDEN MEADOW COURT	CITY-ST-ZIP	
STREET ADDRESS	OVIEDO, FL 32765		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  DATE: 7-29-04 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER