


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:37

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3139003	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, JAVIER M.D. 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765			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 _____					
9. Capital Contributions as Shown on record. \$100.00					
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 #	NAME		STREET ADDRESS		
NAME	MILLER, JAVIER		CITY-ST-ZIP		
STREET ADDRESS	3898 GOLDEN MEADOW COURT				
CITY-ST-ZIP	OVIEDO, FL 32765				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MILLER, MARIA L		CITY-ST-ZIP		
STREET ADDRESS	3898 GOLDEN MEADOW COURT				
CITY-ST-ZIP	OVIEDO, FL 32765				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			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: _____			Date: 2/23/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

Handwritten initials



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