

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001001

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** JAVIER MILLER FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

3898 GOLDEN MEADOW COURT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

3898 GOLDEN MEADOW COURT  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3139003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MILLER, JAVIER  
Address: 3898 GOLDEN MEADOW COURT  
City-St-Zip: OVIEDO, FL 32765

Document #:

Name: MILLER, MARIA L  
Address: 3898 GOLDEN MEADOW COURT  
City-St-Zip: OVIEDO, FL 32765

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAVIER MILLER, M.D

\_\_\_\_\_ Electronic Signature of Signing General Partner

04/12/2006

\_\_\_\_\_ Date