


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A94000001001</b> 1. Entity Name <b>JAVIER MILLER FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>3898 GOLDEN MEADOW COURT OVIEDO, FL 32765</b>	Mailing Address <b>3898 GOLDEN MEADOW COURT OVIEDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**



04072007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3139003</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable.

1100000707311  
04/24/07-8000AE-011 50,100

**FILE NOW!S FEE IS \$300.00**  
**After May 1, 2007, Fee will be \$600.00**

**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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>MILLER, JAVIER 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>MILLER, MARIA L 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/17/07 (407) 366-3321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Default Print #