


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**

04022008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3139003	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

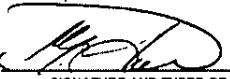
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MILLER, JAVIER 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MILLER, MARIA L 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765
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 05/21/08-80125-014 500.00

**DO NOT WRITE IN THIS SPACE**

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/23/08  
 Daytime Phone #: (407) 262-8321

STATE UNIFORM FICHE