

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007994 AT

DOCUMENT # A94000001001

1. Entity Name
JAVIER MILLER FAMILY PARTNERSHIP, LTD.



FILED
03 JAN 31 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

1/31

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent
**MILLER, JAVIER M.D.
3898 GOLDEN MEADOW COURT
OVIEDO FL 32765** (MEADOW COURT)

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.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	MILLER, JAVIER
NAME	3898 GOLDEN MEADOW COURT
STREET ADDRESS	OVIEDO FL 32765
CITY-ST-ZIP	
DOCUMENT #	MILLER, MARIA L
NAME	3898 GOLDEN MEADOW COURT
STREET ADDRESS	OVIEDO FL 32765
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	01231203-01044-007-0011.25
CITY-ST-ZIP	
STREET ADDRESS	200011591832
CITY-ST-ZIP	01231203-01044-007-0011.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CFR2E003 (10/02)

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: SIGNATURE REQUIRED **1-28-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #