## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000002015

## ROBERT MILLER AND CAROLE MILLER FAMILY LIMITED PARTNERSHIP

FILED 98 DEC 17 PM 4: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Mailing Address 3801 WATERWAYS BLVD. UNIT 1403 AVENTURA FL 33180	Principal Office Address 3801 WATERWAYS BLVD. UNIT 1403 AVENTURA FL 33180	3. Date Formed or Registered 12/22/1995 3a. Date of Last Report 10/22/1997	5a. Capital Contributions as Shown on record. \$300,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0662074	Applied For Not Applicable	
City & State  Zip Country	City & State  Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Lip Godiny	Zip Goonly	8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		10. If changed, new Registered	10. If changed, new Registered Agent/Office	
MILLER, ROBERT 3801 WATERWAYS BLVD.  UNIT 1403  AVENTURA FL 33180  Suite, Apt. #, etc.  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/	
MILLER, ROBERT	3801 WATERWAYS BLVD.,	AVENTURA FL 33180 500027		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.				
SIGNATURE				
Typed or Printed Name of General Partner Signing Form (Acte Miller Daytime Telephone Number 305 - 931 - 0 - 192				