

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005942 AF

DOCUMENT # A95000002015

1. Entity Name

ROBERT MILLER AND CAROLE MILLER FAMILY LIMITED P

00 APR 11 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

Principal Place of Business 3801 WATERWAYS BLVD. UNIT 1403 AVENTURA FL 33180	Mailing Address 3801 WATERWAYS BLVD. UNIT 1403 AVENTURA FL 33180-3795
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0662074	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILLER, ROBERT
3801 WATERWAYS BLVD.
UNIT 1403
AVENTURA FL 33180

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MILLER, ROBERT 3801 WATERWAYS BLVD., UNIT 1403 AVENTURA FL 33180	STREET ADDRESS CITY - ST - ZIP	
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert Miller
Date

Daytime Phone #

CR2E003 (9/99)