

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0012366 AF

DOCUMENT # A98000001541
 1. Entity Name
GORDON-MILLS MILES LIMITED PARTNERSHIP

FILED
 01 AUG 15 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **77 PARK PLACE ST. AUGUSTINE FL 32084**
 Mailing Address: **77 PARK PLACE ST. AUGUSTINE FL 32084**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3523347**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
UPCHURCH, DAVIS JR.
1510 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: **\$2,500,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **600.00**
 11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000055977	STREET ADDRESS	
NAME	RUDCARLIE, INC.	CITY-ST-ZIP	
STREET ADDRESS	77 PARK PLACE		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Paulie Gordon Mills* DATE: **8-10-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)