LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -7 PM 3:05

DOCUMENT # A98000001541

1. Entity Name

GORDON MILLS-MILES PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
77 PARK PLACE
Suite, Apt. #, etc.
City & State
ST. AUGUSTINE, FL
Zip 32084 Country

3. Mailing Address
77 PARK PLACE
Suite, Apt. #, etc.
City & State
ST. AUGUSTINE, FL
Zip 32084 Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 59-3523347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name UPCHURCH, DAVIS JR.

Street Address (P.O. Box Number is Not Acceptable) 1510 N. PONCE DE LEON BLVD

City ST. AUGUSTINE FL Zip Code 32085

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P98000055977 RUDCARLIE, INC 77 PARK PLACE ST. AUGUSTINE, FL 32084	STREET ADDRESS / CITY-ST-ZIP	500005639645--6 -05/30/02--01006--011 ****150.00 ****150.00
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CR2E03B (12/01)

STAPLE CHECK HERE

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: Rosalie Gordon-Mills 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #