


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001541							
1. Entity Name GORDON-MILLS MILES LIMITED PARTNERSHIP							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3523347			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Applied For		Not Applicable					
04122006		Chg-LP		CR2E003 (11/05)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SUNDEMAN, JOHN 100 ARRICOLA AVE ST. AUGUSTINE, FL 32080-4515			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 _____			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00							
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				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Date: 8/26/06		Daytime Phone #: (202) 462-070		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							



STAPLE CHECK HERE