2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000002849

Entity Name: MILLER FAMILY PARTNERSHIP, LTD.

FILED Jan 16, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|----------------------------------|--|-------------------------------------|
| 121 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33813 | | 121 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801 | |
| Current Mailing Address: | | New Mailing Address: | |
| 121 LAKE HOLLINGSW0 LAKELAND, FL 33813 | ORTH DRIVE | | |
| FEI Number: 59-3548548 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MUNDY, CRAIG A 4927 SOUTHFORK DRI' LAKELAND, FL 33813 | · — | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both |
| SIGNATURE: | | | |
| Electro | nic Signature of Registered Age | ent | Date |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONL | Y : |
| | | | |

Address:

LAKELAND, FL 33801

Document #: P98000039682

Name:

MILLER FAMILY ENTERPRISES, INC.

121 LAKE HOLLINGSWORTH DRIVE Address:

City-St-Zip: LAKELAND, FL 33813 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROLYN M OGLESBY **PRES** 01/16/2009