

2001 UNIFORM BUSINESS REPORT (UBR)

001665 AF

DOCUMENT # A98000002929

1. Entity Name
THE ALICE MILLIKAN FAMILY LIMITED PARTNERSHIP

FILED

01 FEB 27 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business ATTN: BRENT MILLIKAN 205 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168	Mailing Address ATTN: BRENT MILLIKAN 205 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3553079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLIKAN, BRENT 205 MAGNOLIA ST. NEW SMYRNA BEACH FL 32168	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. \$2,199,666.00	10. Amount of Capital Contributions in FLORIDA to date. 2,199,666.00	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	P98000108299 MILLIKAN MANAGEMENT, INC. 205 MAGNOLIA ST. NEW SMYRNA BEACH FL 32168	STREET ADDRESS	
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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**

Date: **2-20-01** Daytime Phone #: **(904) 427-1333**

CR2E003 (11/00)