2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **A99000001178**

1. Entity Name

MILLER ROAD PARTNERS, LTD.

FILED

02 JAN 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O MILLER ROAD PARTNERS. LTD. 1553 SAN IGNACIO AVE. CORAL GABLES FL 33146	C/O MILLER ROAD PARTNERS. LTD. 1553 SAN IGNACIO AVE. CORAL GABLES FL 33146

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2002**
City & State	City & State	4. FEI Number 65-0945748 Applied For / Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYETT, JAMES L **1553 SAN IGNACIO AVE.** **CORAL GABLES FL 33146**	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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

9. Capital Contributions as Shown on record. **$1,300,000.00**	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	**569419**	STREET ADDRESS	
NAME	**BOYETT PROPERTIES, INC.**		
STREET ADDRESS	**1553 SAN IGNACIO AVENUE**	CITY-ST-ZIP	0000004833750--5
CITY-ST-ZIP	**CORAL GABLES FL 33146**		--01/29/02--01031--019
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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_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #