


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000001178 1. Entity Name MILLER ROAD PARTNERS, LTD.	
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FILED

04 APR 30 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O MILLER ROAD PARTNERS, LTD. 1553 SAN IGNACIO AVE. CORAL GABLES, FL 33146	Mailing Address C/O MILLER ROAD PARTNERS, LTD. 1553 SAN IGNACIO AVE. CORAL GABLES, FL 33146
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2. Principal Place of Business <u>7700 N. Kendall Dr</u> Suite, Apt. #, etc. <u>Suite #505</u> City & State <u>Miami, FL</u> Zip <u>33156</u> Country <u>USA</u>	3. Mailing Address <u>same as left</u> Suite, Apt. #, etc. City & State Zip Country
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04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0945748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYETT, JAMES L 1553 SAN IGNACIO AVE. CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>7700 N. Kendall Dr.</u> <u>Suite #505</u> City <u>MIAMI</u> FL Zip Code <u>33156</u>
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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 James L. Boyett JAMES L. BOYETT DATE 4/27/04

9. Capital Contributions as Shown on record. \$1,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	569419 BOYETT PROPERTIES, INC. 1553 SAN IGNACIO AVENUE CORAL GABLES, FL 33146	STREET ADDRESS CITY-ST-ZIP	<u>7700 N Kendall Dr. Suite 505</u> <u>Miami, FL 33156</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<u>100036060591</u> <u>05/11/04 - 01/06 - 020 \$4526.25</u>
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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: James L. Boyett JAMES L. BOYETT DATE 4/27/04 (305) 595-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER