

2001 UNIFORM BUSINESS REPORT (UBR)

0003369 AF

DOCUMENT # A99000001749

1. Entity Name

THE MILLNER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

535 OAKS DRIVE, BLDG. III, APT. 402
POMPANO BEACH FL 33069

Mailing Address

535 OAKS DRIVE, BLDG. III, APT. 402
POMPANO BEACH FL 33069

FILED
01 FEB 12 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0964349

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 **MILLNER, CHARLOTTE**
STREET ADDRESS **535 OAKS DRIVE, BLDG. III, APT. 402**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **MILLNER, IRVIN J**
STREET ADDRESS **535 OAKS DRIVE, BLDG. III, APT. 402**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

STREET ADDRESS **600003718886--3**
CITY-ST-ZIP **-02/19/01--01124--005**
*******88.75 *****88.75**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **600003718886--3**
CITY-ST-ZIP **-02/19/01--01124--006**
*******52.50 *****52.50**

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CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **IRVIN J. MILLNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-2001

Date

954-974-0158

Daytime Phone #

CR2E003 (11/00)