

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A99000001749

1. Entity Name

THE MILLNER FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:40

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

2. Principal Place of Business

2701 N. Course Drive

Suite, Apt. #, etc.

325

3. Mailing Address

2701 N. Course Drive

Suite, Apt. #, etc.

325

City & State

Pompano Beach FL

Zip

33069

Country

U.S.A.

City & State

Pompano Beach FL

Zip

33069

Country

USA

4. FEI Number

65-0964349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1000.00

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #

NAME

MILLNER, CHARLOTTE

STREET ADDRESS

535 OAKS DRIVE, BLDG. III, APT. 402

CITY-ST-ZIP

POMPANO BEACH FL 33069

DOCUMENT #

NAME

MILLNER, IRVIN J

STREET ADDRESS

535 OAKS DRIVE, BLDG. III, APT. 402

CITY-ST-ZIP

POMPANO BEACH FL 33069

DOCUMENT #

NAME

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2701 N. Course Drive # 325

CITY-ST-ZIP

Pompano Beach FL 33069

STREET ADDRESS

2701 N. Course Drive # 325

CITY-ST-ZIP

Pompano Beach FL 33069

STREET ADDRESS

CITY-ST-ZIP

600031671236

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

Charlotte Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/9/04 954-974-0158

STAPLE CHECK HERE