


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001749	
1. Entity Name THE MILLNER FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 2701 N. COURSE DRIVE #325 POMPANO BEACH FL 33069	Mailing Address 2701 N. COURSE DRIVE #325 POMPANO BEACH FL 33069
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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



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0964349		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 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	MILLNER, CHARLOTTE	STREET ADDRESS	
NAME	2701 N. COURSE DRIVE, #325	CITY - ST - ZIP	
STREET ADDRESS	POMPANO BEACH FL 33069		
CITY - ST - ZIP			
DOCUMENT #	MILLNER, IRVIN J	STREET ADDRESS	000000267690
NAME	2701 N. COURSE DRIVE, #325	CITY - ST - ZIP	03/18/05-80012-021 141.25
STREET ADDRESS	POMPANO BEACH FL 33069		
CITY - ST - ZIP			
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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 19.07(3)(f), 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 Millner
Charlotte Millner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Charlotte Millner* Date *3/7/2005* Daytime Phone #

STAPLE CHECK HERE