


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:26

<b>DOCUMENT # A99000001749</b> 1. Entity Name <b>THE MILLNER FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business 2701 N. COURSE DRIVE #325 POMPANO BEACH, FL 33069			Mailing Address 2701 N. COURSE DRIVE #325 POMPANO BEACH, FL 33069		
2. Principal Place of Business  Suite, Apt. #, etc. <b># 916</b>		3. Mailing Address  Suite, Apt. #, etc. <b># 916</b>		03312006    Chg-LP    CR2E003 (11/05)	
City & State		City & State		4. FEI Number <b>65-0964349</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MILLNER, CHARLOTTE 2701 N. COURSE DRIVE, #325 POMPANO BEACH, FL 33069		STREET ADDRESS CITY-ST-ZIP	2701 N Course Drive, # 916	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MILLNER, IRVIN J 2701 N. COURSE DRIVE, #325 POMPANO BEACH, FL 33069		STREET ADDRESS CITY-ST-ZIP	200073393182	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	05/01/06--01012--028 **\$00.00	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	(Empty)	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					
<b>SIGNATURE:</b> <i>Charlotte Millner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>4/5/06</i> Daytime Phone #		

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