## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# B06000000409

City-St-Zip:

CORAL GABLES, FL 33134

Entity Name: J. MILTON FAMILY PARTNERS, LLLP

FILED Feb 28, 2007 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 8730 NW 36 AVENUE MIAMI, FL 33147 **Current Mailing Address: New Mailing Address:** 8730 NW 36 AVENUE MIAMI, FL 33147 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZOVLUCK, LYNN 8730 NW 36 AVENUE MIAMI, FL 33147 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: Electronic Signature of Registered Agent Date **GENERAL PARTNER INFORMATION:** ADDRESS CHANGES ONLY: Document #: Name: MILTON, CECIL 8730 NW 36 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Document #: MILTON, FRANK Name: 3211 PONCE DE LEON BLVD., STE. 301 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Document #: Name: MILTON, JOSEPH 3211 PONCE DE LEON BLVD., STE. 301 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Document #: Name: MILTON, JOSE 3211 PONCE DE LEON BLVD., STE. 301 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: LYNN ZOVLUCK MGR 02/28/2007