

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000153

1. Entity Name
NINE MILE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 23 PM 1:46

Principal Place of Business
250 WASHINGTON ST.
PRATTVILLE AL 36067

Mailing Address
PO BOX 680176
PRATTVILLE AL 36066



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

36068

DUE BY MAY 1, 2002

4. FEI Number 72-1353178 Applied For Not Applicable

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

KIEHN, ROLAND W ESQ.
BARRON, REDDING, HUGHES, FITE
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

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

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00

11. MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000004955
NAME N.O.M. PROPERTIES, INC.
STREET ADDRESS 250 WASHINGTON ST.
CITY-ST-ZIP PRATTVILLE AL 36067

STREET ADDRESS
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 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: *Signature of Thomas E. Newton* Thomas E. Newton, President 3/15/02 334/361-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0018983 AB

CR2E003 (9/01)