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

DOCUMENT # B97000000451

1. Entity Name

MILLER-DOWNS INVESTMENTS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02/20/04
04 FEB -5 PM 1:49

Principal Place of Business	Mailing Address
~~2286 COUNTRY CLUB DR., S.E.~~ CONYERS GA 30013	~~2286 COUNTRY CLUB DR., S.E.~~ CONYERS GA 30013

MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
2323 Jenna's Way	2323 Jenna's Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Conyers, GA.	City & State: Conyers, GA.
Zip: 30013 Country: USA	Zip: 30013 Country: USA

4. FEI Number: 58-2305368 ☐ 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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: Dolores M. Downs — 2-3-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$410,700.00		

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 #		STREET ADDRESS	2323 Jenna's Way
NAME	DOWNS, DOLORES M	CITY-ST-ZIP	Conyers, GA. 30013
STREET ADDRESS	~~2286 COUNTRY CLUB DRIVE, S.E.~~		
CITY-ST-ZIP	CONYERS GA 30013		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200029260692
STREET ADDRESS			02/23/04--01083--003 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Dolores M. Downs - Dolores M. Downs - 2-3-04 - 770-922-3508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #