


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B97000000451**

1. Entity Name  
**MILLER-DOWNS INVESTMENTS, L.P.**



**FILED**  
03 MAR 19 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2286 COUNTRY CLUB DR. S.E.  
CONYERS GA 30013**

Mailing Address  
**2286 COUNTRY CLUB DR. S.E.  
CONYERS GA 30013**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number <b>58-2305368</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$410,700.00</b> <del>210,700</del>	10. Amount of Capital Contributions in FLORIDA to date. <b>210,700</b>	<b>11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	NAME <b>DOWNS, DOLORES M</b>	STREET ADDRESS	
	STREET ADDRESS <b>2286 COUNTRY CLUB DRIVE, S.E.</b>		
	CITY-ST-ZIP <b>CONYERS GA 30013</b>		<b>000014381340</b>
			<b>03/19/03--01078--002 *4526.25</b>
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DOCUMENT #	NAME	STREET ADDRESS	

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* **3-16-03** **770-922-3808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #