


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>  <b>MILLIKEN LIMITED PARTNERSHIP</b>		<b>1a. DOCUMENT #</b> <b>B98000000674</b>
<b>Mailing Address</b>  298 CONRAD ROAD NILES MI 49120		<b>Principal Office Address</b> <del>290 SOUTH STATE ROAD 15</del> <del>WARREN MI 48092</del>
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country	<b>2a. Principal Office Address</b>  298 Conrad  Suite, Apt. #, etc.  City & State <i>Niles Mi</i> 49120  Zip                      Country	<b>3. Date Formed or Registered</b>  11/30/1998 <b>3a. Date of Last Report</b>  <b>4. State or Country of Formation</b>  IN <b>5a. Capital Contributions as Shown on record</b>  \$775,000.00 <b>5b. Amount of Capital Contributions in FLORIDA to date</b>  <b>6. FEI Number</b>  38-3313891 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b>  <input type="checkbox"/> \$8.75 Additional Fee Required <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>
<b>9. Name and Address of Current Registered Agent</b>  COSTELLO, TRUMAN J ESQ. C/O COSTELLO, SIMS & ROYSTON 12870 NEW BRITTANY BLVD., SUITE 101 FORT MYERS FL 33907		<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City                      FL                      Zip Code
<b>10a.</b> Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____		
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>		
<b>11. Name(s) of General Partner(s)</b>  MILLIKEN, R. WAYNE  MILLIKEN, MARJORIE H	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  298 CONRAD ROAD  298 CONRAD ROAD	<b>11b. City, State &amp; Zip Code</b>  NILES MI 49120  NILES MI 49120  <b>11c. Registration/Document Number</b>  000002733878-2 -03/09/93-01083-003 ****526.25 ****526.25  3-8-99
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>		
<b>12.</b> I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.		
SIGNATURE <i>Wayne Milliken</i>		DATE 2/24/99
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number

FILED

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