

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B98000000674

**FILED**  
**Mar 04, 2009**  
**Secretary of State**

**Entity Name:** MILLIKEN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

298 CONRAD RD  
NILES, MI 49120

**New Principal Place of Business:**

70524 CONRAD RD  
NILES, MI 49120

**Current Mailing Address:**

298 CONRAD ROAD  
NILES, MI 49120

**New Mailing Address:**

70524 CONRAD RD  
NILES, MI 49120

**FEI Number:** 38-3313891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILIC, QUENTIN  
5869 SEA GRASS LANE  
NAPLES, FL 34116 US

**Name and Address of New Registered Agent:**

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:**

Document #:

Name: MILLIKEN, R. WAYNE

Address: 298 CONRAD ROAD

City-St-Zip: NILES, MI 49120

Document #:

Name: MILLIKEN, MARJORIE H

Address: 298 CONRAD ROAD

City-St-Zip: NILES, MI 49120

**ADDRESS CHANGES ONLY:**

Address: 70524 CONRAD RD

City-St-Zip: NILES, MI 49120

Address: 70524 CONRAD RD

City-St-Zip: NILES, MI 49120

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: R WAYNE MILLIKEN

GP

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date