

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000728

1. Entity Name
MILLS ELECTRIC LP



Principal Place of Business
2535 WALNUT HILL LANE
DALLAS TX 75229

Mailing Address
P.O. BOX 59186
DALLAS TX 75229

FILED
03 JUN 16 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2525 Walnut Hill Lane

3. Mailing Address
2525 Walnut Hill Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Dallas TX

City & State

4. FEI Number 52-2095984

Applied For

Not Applicable

Zip
75229

Country
USA

Zip

Country

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

AMBER ELECTRIC, INC.
630 KISSIMMEE AVE
OCOOEE FL 34761

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # M98000001618
NAME MILLS MANAGEMENT LLC
STREET ADDRESS 2535 WALNUT HILL LANE
CITY-ST-ZIP DALLAS TX 75229

STREET ADDRESS 2525 Walnut Hill Lane
CITY-ST-ZIP Dallas TX 75229

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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 REQUIRED Alan Linder

4/24/03

(214) 357-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0017373 AT

CR2E003 (10/02)