

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000191

1. Entity Name
INTERPRISE TECHNOLOGY PARTNERS, L.P.



Principal Place of Business Mailing Address
1001 BRICKELL BAY DRIVE, 30TH FLOOR **1001 BRICKELL BAY DRIVE, 30TH FLOOR**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07102004 Chg-LP CR2E003 (10/03)

4. FEI Number **51-0387234** 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

MILLER, EDMUND R
1001 BRICKELL BAY DRIVE, 30TH FLOOR
MIAMI, FL 33131

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

9. Capital Contributions
 as Shown on record **\$110,000,000.00**

10. Amount of Capital Contributions
 as FLOPIDA to date

In accordance with s. 807.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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

DOCUMENT # **B99000000190**
 NAME **MILLER TECHNOLOGY MANAGEMENT, L.P.**
 STREET ADDRESS **1001 BRICKELL BAY DRIVE, 30TH FLOOR**
 CITY-ST-ZIP **MIAMI, FL 33131**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
000000170968
08/26/04-80005-004 141.25

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1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 629, Florida Statutes

SIGNATURE: **Edmund R. Miller**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/25/04 **305-987-0995**
 Date Daytime Phone #

STAPLE CHECK HERE