

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001971

1. Entity Name
MIL-JAX PARTNERS LTD., L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

DO NOT WRITE IN THIS SPACE

Principal Place of Business
95 Corporate Center II
Jacksonville, FL 32256

Mailing Address
4000 Miller Valentine Ct.
Dayton, OH 45439

2. Principal Place of Business 95 Corporate Center II Suite, Apt. #, etc.		3. Mailing Address 4000 Miller Valentine Court Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Dayton, OH	
Zip 32256	Country USA	Zip 45439	Country USA

4. FEI Number 31-1674046	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T Corporation
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.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member MGR Miller-Valentine Partners, Ltd. 4000 Miller Valentine Ct, Dayton OH 45439
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William F. Keck **WILLIAM F. KECK** 7/27/00 937-297-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)