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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 019 ****50.00

DOCUMENT # M99000001971 1. Entity Name MIL-JAX PARTNERS LTD., L.C.	
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Principal Place of Business 95 CORPORATE CENTER II JACKSONVILLE, FL 32256	Mailing Address 4000 MILLER VALENTINE CT. DAYTON, OH 45439
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07282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1674046	Applied For 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 SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER-VALENTINE PARTNERS, LTD. 4000 MILLER VALENTINE CT. DAYTON, OH 45439
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IN THIS SPACE**

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 J. Schneider 8/5/04 937-293-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*on behalf of Miller-Valentine Partners Ltd,
Authorized agent*