

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90127 001 ***100.00

30000865



01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
31-1674046
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DOCUMENT # M99000001971
1. Entity Name
MIL-JAX PARTNERS LTD., L.C.



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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**
**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER-VALENTINE PARTNERS, LTD. 4000 MILLER VALENTINE CT. DAYTON, OH 45439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER-VALENTINE PARTNERS LTD. 4000 MILLER VALENTINE CT. DAYTON, OH 45439 <input checked="" 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 exemptions contained in Chapter 119, 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: *Edith J. White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #