


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90024 018 \*\*\*\*50.00

**DOCUMENT # L03000000428**

1. Entity Name  
**MILLER LAKE INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
 11000 N.W. 92 TERRACE      11000 N.W. 92 TERRACE  
 MIAMI, FL 33178 US      MIAMI, FL 33178 US

2. Principal Place of Business      3. Mailing Address  
*6340 SUNSET BL.*      *6340 SUNSET BL.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*MIAMI, FL*      *MIAMI, FL*

Zip      Country      Zip      Country  
*33143*      *USA*      *33143*      *USA*



02012005    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For  
**72-0066435**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROBERT A. BRANDT, P.A.**  
**1110 BRICKELL AVENUE**  
**PH-1**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name *RONALD R. FIELDSTONE*  
 Street Address (P.O. Box Number is Not Acceptable) *201 ALHAMBRA CIR*  
*SUITE 601*  
 City *C. GABLES*      **FL**      Zip *33134*

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, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRERIZO, TOMAS 11000 N.W. 92 TERRACE MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR.</i> <i>Fieldstone, Ronald R.</i> <i>201 ALHAMBRA CIRCLE #601</i> <i>CORAL GABLES, FL 33134</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_ *RONALD R. FIELDSTONE*      Date *4/28/05*      Daytime Phone # *305 357 1001*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE