


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000056237**  
 1. Entity Name  
**DENNIS MILLER, LLC**



Principal Place of Business <b>18031 EVENING STAR AVENUE          BROOKSVILLE, FL 34604 US</b>	Mailing Address <b>18031 EVENING STAR AVENUE          BROOKSVILLE, FL 34604 US</b>
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**DO NOT WRITE IN THIS SPACE**



07062006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>13-1726058</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, DENNIS  
 18031 EVENING STAR AVENUE  
 BROOKSVILLE, FL 34604**

**DO NOT WRITE IN THIS SPACE**

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 renating)  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLER, DENNIS 18031 EVENING STAR AVENUE BROOKSVILLE, FL 34604</b>
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 07/19/06-80010-002 55.00

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:** *Dennis L. Miller* **DENNIS L. MILLER** *Jul 14 2006* **352-303 9108**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #