


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000000971 1. Entity Name MILLER GREY PICTURES, LLC	
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Principal Place of Business 1910 HARDEN BLVD. STE 105 LAKELAND, FL 33803	Mailing Address 1910 HARDEN BLVD. STE 105 LAKELAND, FL 33803
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04212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0736863	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

TRITTON, ROBERT J JR
1910 HARDEN BLVD. STE 105
LAKELAND, FL 33803

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 reinstating)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITTON, ROBERT J JR 1910 HARDEN BLVD. STE 105 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, JOSEPH J 1910 HARDEN BLVD. STE 105 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLETON, JAMES 1059 HIDDEN DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000917145
05/13/08-80028-012 138.75

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:  4-21-08 863-688-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #