2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 18, 2005 08:00 AM DOCUMENT # L03000041335 **Secretary of State** 1. Entity Name ARTHUR A. MILLER LANDMARK, LLC Mailing Address Principal Place of Business ___ P.O. BOX 143437 P.O. BOX 143437 CORAL GABLES, FL 33114 CORAL GABLES, FL 33114_ 03112005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2410880 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, ARTHUR 13627 DEERING BAY DRIVE CORAL GABLES, FL 33158 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 Signature, typed or printed name of registored agent and title if applicable DATE (NOTE Rogistered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 g. MANAGING MEMBERS/MANAGERS MGRM TITLE MILLER, ARTHUR NAME 13627 DEERING BAY DRIVE STREET ADDRESS CITY - ST - ZIP CORAL GABLES, FL 33158 U00000269127 03/18/05-80071-007 50.00 NAME STREET ADDRESS 000000269127 03/18/05-80071-008 5.00 CITY-ST-ZIP TITE F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-SY-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information inclicated 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 508, Florida Statutes.

FILED

Arthur Miller