


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041335
1. Entity Name
ARTHUR A. MILLER LANDMARK, LLC



Principal Place of Business _____ Mailing Address _____
P.O. BOX 143437 P.O. BOX 143437
CORAL GABLES, FL 33114 CORAL GABLES, FL 33114

DO NOT WRITE IN THIS SPACE



03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2410880	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

MILLER, ARTHUR
13627 DEERING BAY DRIVE
CORAL GABLES, FL 33158

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ARTHUR 13627 DEERING BAY DRIVE CORAL GABLES, FL 33158
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03/18/05-80071-008 5.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arthur Miller MANAGER Date: 3/14/05 Daytime Phone #: 305 284 0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Arthur Miller