2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L00000009828 MILLER PROPERTIES AT ST. GEORGE, LLC Principal Place of Business Mailing Address 440 MORRIS ROAD 440 MORRIS ROAD MONTICELLO, FL. 32344 MONTICELLO, FL 32344 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3680244 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, G. ULMER DO NOT WRITE 440 MORRIS ROAD MONTICELLO, FL 32344 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE 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 MANAGING MEMBERS/MANAGERS g. MGR TITLE MILLER, G. ULMER NAME STREET ADDRESS 440 MORRIS ROAD CITY-ST-ZIP MONTICELLO, FL 32344 TITLE NAME STREET ADDRESS 04/27/05-80137-014 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eport as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

FILED

Daytime Phone #