## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000005733**

Entity Name

MILLER INVESTMENTS OF MIAMI, LLC

SIGNATURE AND TYPED OR PRIN



Principal	Place of	Business

Mailing Address

1260 NW 72 AVE. MIAMI, FL 33126 1260 NW 72 AVE. MIAMI, FL 33126

## FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90021 019 \*\*\*\*50.00

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04202004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number
	65-1126125

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and	Address	of	Current	Registered	Agent

CAPO, JESUS R 1260 NW 72 AVE. MIAMI, FL 33126

## 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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATI:	
	ling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPO, LUIS 1260 NW 72 AVE MIAMI, FL 33126			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME: STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
11. I hereby indicated	certify that the information supplied with this filing does not quallon this report is true and accurate and that my signature shall	alfy for the exemption stated in Section 119.07(3)(i), Florida Statutes have the same logal effect as if made under oath; that I am a mana	. I further certify that the information aging member or manager of the	

NG MEMBER, OF AUTHORIZED REPRESENTATIVE