


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90085 001 \*\*\*\*50.00

<b>DOCUMENT # L01000007292</b> 1. Entity Name MILLER FINANCIAL GROUP, LLC	
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Principal Place of Business 150 S. UNIVERSITY DR., STE B PLANTATION, FL 33324	Mailing Address 150 S. UNIVERSITY DR., STE B PLANTATION, FL 33324
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20003878



01032005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1105695	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, LAWRENCE L 150 S. UNIVERSITY DR., STE B PLANTATION, FL 33324
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, LAWRENCE L 150 S UNIVERSITY DR., STE B PLANTATION, FL 33324
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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)(i), 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:**  **1.13.05** **954-474-4300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #