

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 07, 2006 8:00 am
Secretary of State

03-01-2006 90221 038 ****50.00

DOCUMENT # L01000014854

1. Entity Name
THE MILLER FAMILY LLC



Principal Place of Business
**1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432**

Mailing Address
**1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432**

30004458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1134053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYMOND, JOHN J JR.
0200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 North Federal Highway, Suite 420

City

FL

Zip Code

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MILLER, ANN G TRUSTEE**
STREET ADDRESS **5701 COLLINS AVE.**
CITY-STATE-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **Managing Member**
STREET ADDRESS **Marx, Judith**
CITY-STATE-ZIP **5219 Europa Dr., Apt. N
Boynton Beach, FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **Managing Member**
STREET ADDRESS **Haberman, Barbara**
CITY-STATE-ZIP **9923 Chantilly Pt. Lane
Lake Worth, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

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

3-18-06

Date

561-733-0671

Daytime Phone #

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1/2006-90221-038-\$50.00-\$50.00

DOCUMENT # L01000014854			
1. Entity Name THE MILLER FAMILY LLC			
Principal Place of Business 1200 NORTH FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432		Mailing Address 1200 NORTH FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1134053		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYMOND, JOHN J JR. 0200 NORTH FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, ANN G TRUSTEE 5701 COLLINS AVE. MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JUDITH MARY 5849 EUROPA DR N. BOYNTON BEACH, FL 33437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER BARBARA HARTMAN 9923 CHANTILLY PT. LANE LAKE WORTH, FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.			
SIGNATURE: 		2-20-06 58-733-067	
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT

30004458

BUTZEL LONG
ATTORNEYS AND COUNSELORS

ATTACHMENT

30004458
LOT000014854

Kera J. Draetta
Paralegal
561 368 2151
draetta@butzel.com

Suite 420 1200 North Federal Highway
Boca Raton, Florida 33432
T: 561 368 2151 F: 561 368 4668
butzel.com

April 5, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: The Miller Family LLC

Dear Sir or Madam:

On behalf of The Miller Family LLC, I enclose the 2006 Limited Liability Company Annual Report, which has been corrected pursuant to your instructions.

Please file this report at your earliest convenience. If there is anything further you should require, please do not hesitate to contact me.

Very truly yours,


Kera J. Draetta
Paralegal

KJD/cal
Enclosure