



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90177 024 ****50.00

DOCUMENT # L02000000287					
1. Entity Name MIRACLE MULTIPLICATION, LLC					
Principal Place of Business 10235 W. SAMPLE ROAD, UNIT #205 CORAL SPRINGS, FL 33065		Mailing Address 10235 W. SAMPLE ROAD, UNIT #205 CORAL SPRINGS, FL 33065			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 30-0017173	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BACHCLOR, BYRON 10235 W. SAMPLE ROAD, UNIT #205 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name: BACHELOR BYRON Street Address (P.O. Box Number is Not Acceptable): 10235 W. Sample Rd #205 City: CORAL Springs ; FL Zip Code: FL 33065		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DYER, GLORIA		NAME		
STREET ADDRESS	10155 NW 31 CT		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACHELOR, BYRON		NAME		
STREET ADDRESS	10235 W. SAMPLE RD #205		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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: 		MANAGER		Date: 1/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: (954) 752 2758	

60010461



02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0017173 Applied For Not Applicable


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

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

Make check payable to
Florida Department of State

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