

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000001430

1. Entity Name  
MILLER, SHINE & BRYAN, P.L.



Principal Place of Business  
97 ORANGE STREET  
ST AUGUSTINE, FL 32084

Mailing Address  
PO BOX 3376  
ST. AUGUSTINE, FL 32085



04042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0375296

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHINE, JUDITH G  
97 ORANGE STREET  
ST AUGUSTINE, FL 32084

**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)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MILLER, JOSEPH C II  
7248 A1A SOUTH  
ST. AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHINE, JUDITH G  
7248 A1A SOUTH  
ST. AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRYAN, LINDA L  
8342 ROYALWOOD DRIVE  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000699602  
04/19/07-80049-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Judith G. Shine

4/9/07 904-824-0484