


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000006277

1. Entity Name  
**R & R MILLER, L.L.C.**



Principal Place of Business      Mailing Address

**6451 SHADY PINE LANE**      **6451 SHADY PINE LANE**  
**BOKEELIA, FL 33922**      **BOKEELIA, FL 33922**

**DO NOT WRITE IN THIS SPACE**



05052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>30-0054654</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, RONALD J**  
**6451 SHADY PINE LANE**  
**BOKEELIA, FL 33922**

**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: *Ronald J. Miller*      DATE: 5/7/2004

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

U00000159404  
 05/10/04-80029-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, RONALD J 6451 SHADY PINE LANE BOKEELIA, FL 33922
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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)(f), 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: *Ronald J. Miller*      Date: 5/7/2004      Daytime Phone #: 239-282-8435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #