

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014866

Entity Name: MILLER & MOSIER, LLC

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

3300 UNIVERSITY DR
STE 803
POMPANO BEACH, FL 33065

Current Mailing Address:

3300 UNIVERSITY DR
STE 803
POMPANO BEACH, FL 33065

New Principal Place of Business:

3300 UNIVERSITY DR
STE 803
CORAL SPRINGS, FL 33065

New Mailing Address:

3300 UNIVERSITY DR
STE 803
CORAL SPRINGS, FL 33065

FEI Number: 27-0018215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSIER, KATHI S
3300 UNIVERSITY DRIVE, SUITE 803
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

MILLER, JACK C
3300 UNIVERSITY DRIVE, SUITE 803
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: JACK C MILLER

02/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MILLER, JACK C
Address: 3300 UNIVERSITY DR STE 803
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR (X) Delete
Name: MOSIER, KATHI S
Address: 3300 UNIVERSITY DR STE 803
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JACK C MILLER

PRES

02/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date