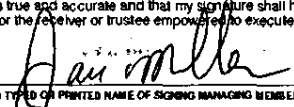


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 046 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30062725

DOCUMENT # L02000014866			
1. Entity Name MILLER & MOSIER, LLC			
Principal Place of Business 3111 UNIVERSITY DRIVE, SUITE 405 CORAL SPRINGS, FL 33065		Mailing Address 3111 UNIVERSITY DRIVE, SUITE 405 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 3300 University Dr Suite, Apt. #, etc. Suite 803 City & State Coral Springs FL Zip 33065 Country Broward	3. Mailing Address 3300 University Dr Suite, Apt. #, etc. Suite 803 City & State Coral Springs FL Zip 33065 Country Broward	 ☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number 27-0018215			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KAHN, JEFFREY B 3300 UNIVERSITY DRIVE, SUITE 711 CORAL SPRINGS, FL 33065		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 _____ (NOTE: Registered Agent signature required when submitting)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 15 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, JACK C 3111 UNIVERSITY DRIVE, SUITE 405 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Miller, Jack C 3300 University Dr Ste 803 Coral Springs FL 33065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSIER, KATHI S 3111 UNIVERSITY DRIVE, SUITE 405 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mosier, Kathi S 3300 University Dr Ste 803 Coral Springs FL 33065 ☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		4/21/03 954-752-7266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2003 (10/02)