

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024249

Entity Name: MILES & MARTHA LOSS, LLC

FILED  
Feb 27, 2006  
Secretary of State

## Current Principal Place of Business:

2715 EAST GRAND RESERVE CIRCLE  
SUITE 1338  
CLEARWATER, FL 33759

## New Principal Place of Business:

10703 WEEPING ELM BEND  
LAND O LAKES, FL 34638

## Current Mailing Address:

2715 EAST GRAND RESERVE CIRCLE  
SUITE 1338  
CLEARWATER, FL 33759

## New Mailing Address:

PO BOX 5932  
HUDSON, FL 34674

FEI Number: 02-0643293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOSS, MARTHA L  
2715 E GRAND RESERVE CIRCLE #1338  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

LOSS, MARTHA L  
10703 WEEPING ELM BEND  
LAND O LAKES, FL 34638 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: MARTHA L LOSS

02/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LOSS, MILES  
Address: 2715 EAST GRAND RESERVE CIRCLE  
City-St-Zip: CLEARWATER, FL 33759

Title: MGR ( ) Delete  
Name: LOSS, MARTHA  
Address: 2715 EAST GRAND RESERVE CIRCLE  
City-St-Zip: CLEARWATER, FL 33759

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LOSS, MILES  
Address: 10703 WEEPING ELM BEND  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGR (X) Change ( ) Addition  
Name: LOSS, MARTHA  
Address: 10703 WEEPING ELM BEND  
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARTHA L LOSS

MGR

02/27/2006

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