2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: Sondra Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL NEPONI (AN)					, FILED				
DOCUMENT # L03000005237					May 02, 2005 08:00 AM Secretary of State				
SONDRA	MILLER, LTD. CO.					Secretar	y of State		
Principal Place of Business Mailing Address									
4051 E OLIVE RD		P.O. BOX 11967							
277 PENSACOLA FL 32514		PENSACOLA FL 3252							
]][
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 1	st MOORE	CR2E083 (10/04)		
City & State		City & State		4. FEI Numb	oor	Ι ΙΔι	oplied For		
Ony & Outle					4. 1 111141111	20-1343843		ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	e of Status Desired	□ \$5.00 Ad	ditional	
	6. Name and Address of Currer	nt Registered Agent		1	7. Name an	d Address of New Re	Fee Require	eci	
				Name			<u> </u>		
MILLER, SONDRA				Street Address (P.O. Box Number is Not Acceptable)					
	1 E OLIVE RD #277 ISACOLA FL 32514								
							1		
				City			FL Zip Coo		
	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	ed office or registe	red agent, or b	oth, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NÖ	TE Registere	d Agent signature require	d when reinstating)		DATE		
			•••••	FEE IS \$50.00				4	
		Make Check Payat			nt of State				
		Du	re By Ma	ay 1, 2005					
9.		BERS/MANAGERS	10.			ĀDDITIONS/0		_ <u>_</u>	
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11. I hereby indicated limited lia	certify that the information supplied w I on this report is true and accurate at ability company or the receiver or trus	ith this filing does not qualify for not that my signature shall have tee empowered to execute this	or the exer the same report as	mption stated in Se e legal effect as if r s required by Chap	ection 119.07(3) made under oat oter 608, Florida)(I), Florida Statutes. I I h; that I am a managii a Statutes.	rurther certify that the ling member or manage	ntormation er of the	

4-29-65 850-475-8347
Date Deutino Phone 4