2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L03000024470

Entity Name: DANIEL E. MILLER, LLC

Current Principal Place of Business:

7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907

New Principal Place of Business:

7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907

New Mailing Address:

7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907

FEI Number: 81-0621395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, DANIEL
7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

MILLER, DANIEL
7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907 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: _____ 04/11/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MILLER, DANIEL E
Address: 7910 SUMMERLIN LAKES DR
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete
Name: MILLER, NANCY D
Address: 7910 SUMMERLIN LAKES DR
City-St-Zip: FORT MYERS, FL 33907

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 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: DANIEL E. MILLER MGR 04/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date