


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90431 019 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000026982	
<b>1. Entity Name</b> MILLER ASSOCIATES, LLC	

<b>Principal Place of Business</b> 1560 SW 14TH DRIVE BOCA RATON, FL 33486	<b>Mailing Address</b> 1560 SW 14TH DRIVE BOCA RATON, FL 33486
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<b>2. Principal Place of Business</b> 2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455 City & State Boca Raton FL Zip 33431 Country USA	<b>3. Mailing Address</b> 2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455 City & State Boca Raton FL Zip 33431 Country USA
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01172005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 20-0105577	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> ROSENBERG, ANN MARIE 1560 SW 14TH DRIVE BOCA RATON, FL 33486	<b>7. Name and Address of New Registered Agent</b> Name: Rosenberg, Ann Marie Street Address (P.O. Box Number is Not Acceptable) 2424 N. Federal Hwy Suite 455 City: Boca Raton FL Zip Code 33431
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**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: *Ann Marie Rosenberg* DATE: 3/31/05

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. MGRM ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNROSE ENTERPRISES, LLC <input type="checkbox"/> Delete 1560 SW 14TH DRIVE BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Rose Enterprises LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 N. Federal Hwy Ste. 455 Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VM, LLC <input type="checkbox"/> Delete 10900 STACEY LANE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JM, LLC <input type="checkbox"/> Delete 10900 STACEY LANE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ann Marie Rosenberg* DATE: 3/31/05 DAYTIME PHONE: 561-416-9096

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