

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 021 ***138.75



DOCUMENT # L03000030020

1. Entity Name
ANGELA MILLER INVESTMENTS, LLC

Principal Place of Business Mailing Address
2506 PONCE DE LEON BLVD. 2506 PONCE DE LEON BLVD.
CORAL GABLES FL 33134 CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3350 SW 27th AVENUE **3350 SW 27th AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
#1707 **#1707**

1st MOORE CR2E083 (10/07)

City & State City & State
COCONUT GROVE, FLA. **COCONUT GROVE, FLA.**
Zip Country Zip Country
33133 MIAM-DADE **33133 USA**

4. FEI Number 20-0181842 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ANGELA L PRES. 2506 PONCE DE LEON BLVD. CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ANGELA L. PRES. 3350 SW 27th AVE, #1707 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Angela L. Miller 4/1/08 305-774-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Page No. Print No.