2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L030000342 1. Entity Name MILLER, LLC	209		OLL DEC 13 SECRETARY TALLAHASSE	PM 12: 40 OF STATE E, FLORIDA
Principal Place of Business 2672 RANCH HOUSE ROAD WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406				i ,
2. Principal Place of Business 2672 Rauch Harla Suite, Apt. #, etc.	3. Mailing Address Some Suite, Apt. #, etc.	- A	10252004 REIN-LLC	CR2E101 (6/04)
West falm Beach FL	City & State		4. FEI Number 51-048334	Applied For Not Applicable
33406 County Beach	Zip	Country	5. Certificate of Status Desired	¢s oo Wassess
6. Name and Address of Current R MILLER, ELIZABETH A *2672 RANCH HOUSE ROAD	egistered Agent	Name Si	7. Name and Address of New Lbell Atti S (P.O. Box Number is Not Accepta	Ver
WEST PALM BEACH, FL 33406		City,	Palm Bih	FI 'Zip Code
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE	d title if applicable. (NOTE: R	legistered Apent signature re	quired when reinstating)	DATE
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES				
TITLE MGROY	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIPL	ADDITION	Change Addition
ITTLE MG NETTY E. T. Mer NAME STREET ADDRESS CITY-SI-ZIP WOST VALUE BOLF	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Hallo Worth, FI	r □ Delete Hwy 32460	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/12/2-902	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	9/10/01 1000	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X Elizabeth Ann Filter 10/25/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE This Dayling Phone #				

FILED