

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000041335</b>                   |  |
| 1. Entity Name<br>ARTHUR A. MILLER LANDMARK, LLC |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>P.O. BOX 143437<br>CORAL GABLES, FL 33114 | Mailing Address<br>P.O. BOX 143437<br>CORAL GABLES, FL 33114 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03112005No Chg-LLC CR2E083 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>56-2410880 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                                                                                                              |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MILLER, ARTHUR<br>13627 DEERING BAY DRIVE<br>CORAL GABLES, FL 33158                                                                                                   | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MILLER, ARTHUR<br>13627 DEERING BAY DRIVE<br>CORAL GABLES, FL 33158 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |

000000269127  
03/18/05-80071-007 50.00

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03/18/05-80071-008 5.00

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. | <b>SIGNATURE</b> <i>Arthur Miller</i> <b>MANAGER</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small><br><b>3/14/05</b><br><small>Date</small> | <b>305 284 0040</b><br><small>Daytime Phone #</small> |
| <b>Arthur Miller</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                              |                                                       |