

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000046021  
 1. Entity Name  
 MILLER MASONRY LLC



Principal Place of Business      Mailing Address  
 7500 NE 230 ST                      7500 NE 230 ST  
 CITRA, FL 32113 US                  CITRA, FL 32113 US

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 43-2034414      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RONNIE D, MILLER  
 7500 NE 230 ST  
 CITRA, FL 32113

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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 Ronnie Dale Miller      Ronnie Miller      April 18/06  
Signature, typed or printed name of registered agent and file if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

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 05/06/06-80042-016 SU 00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONNIE D, MILLER 7500 NE 230 ST CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ronnie Dale Miller      Ronnie D. Miller      April 18/06      5462605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #