



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90179 029 ****50.00

DOCUMENT # L04000001097					
1. Entity Name WAYNE MILLER, LLC					
Principal Place of Business 2568 10TH ST #105 SARASOTA, FL 34237			Mailing Address 2511 35TH AVENUE NORTH SAINT PETERSBURG, FL 33713		
2. Principal Place of Business 110 5th St. S Suite, Apt. #, etc. # 2		3. Mailing Address 110 5th St. S Suite, Apt. #, etc. # 2			
City & State Bradenton Beach, FL		City & State Bradenton Beh, FL		4. FEI Number 20-0497943	
Zip 34217		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, WAYNE 2568 10TH ST #105 SARASOTA, FL 34237				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 <u>Wayne Miller</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/7/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, WAYNE 2511 35TH AVENUE NORTH 110 5th St. S. # 2 SAINT PETERSBURG, FL 33713 Bradenton Beh, FL 34217 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Wayne Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>2/7/06</u> Daytime Phone # <u>941-228-3774</u>	