



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90051 047 \*\*\*\*50.00

<b>DOCUMENT # L04000001097</b>					
<b>1. Entity Name</b> WAYNE MILLER, LLC					
<b>Principal Place of Business</b> 110 5TH ST. S #2 BRADENTON BEACH, FL 34217			<b>Mailing Address</b> 110 5TH ST. S #2 BRADENTON BEACH, FL 34217		
<b>2. Principal Place of Business - No P.O. Box #</b> PO Box 184		<b>3. Mailing Address</b> PO Box 184			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> Bradenton Beach, FL		<b>City &amp; State</b> Bradenton Beach, FL		<b>4. FEI Number</b> 20-0497943	
<b>Zip</b> 34217		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MILLER, WAYNE 2568 10TH ST #105 SARASOTA, FL 34237			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<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.</b>					
<b>SIGNATURE</b> <u>Wayne Miller</u>				<b>DATE</b> <u>4/21/07</u>	
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> MILLER, WAYNE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 110 5TH ST S., #2	<b>CITY - ST - ZIP</b> BRADENTON BEACH, FL 34217		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Wayne Miller</u>				<b>DATE</b> <u>4/21/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					