


**2007 LIMITED-LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000001848  
 1. Entity Name  
 JOHNNY R. MILLER, LLC



Principal Place of Business      Mailing Address  
 2765 WEST TENNESSEE ST.      2765 WEST TENNESSEE ST.  
 TALLAHASSEE, FL 32304      TALLAHASSEE, FL 32304

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0526390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HINES, JAMES P  
 315 S. HYDE PARK AVENUE  
 TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000578523  
 01/09/07-80032-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHNNY R 2748 TETON TRAIL TALLAHASSEE, FL 32303
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**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:** *Johnny R. Miller*      04-Jan-2007      850-504-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #