2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009167

1. Entity Name
ELI V. MILLER STUMP, LLC

Principal Place of Business	Mailing Address
14250 FRUITVILLE RD SARASOTA, FL 34240 US	14250 FRUITVILLE RD SARASOTA, FL 34240 US

20003015

01112005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14250 FRUITVILL Rd.	14250 FRUITVILL Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SARASOTA - FL.	City & State SARASOTA - FL
Zip 34240	Zip 34240
Country SARASOTA	Country SARASOTA

4. FEI Number 01-0806460 .

☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, ELI V 14250 FRUITVILLE RD SARASOTA, FL 34240	Name N/A 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 ___ N/A ___

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME MILLER, ELI V STREET ADDRESS 14250 FRUITVILLE RD CITY-ST-ZIP SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Eli V Miller   1/11/05   (941) 377-8809

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