


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90032 029 \*\*\*\*50.00

<b>DOCUMENT # L04000010022</b>	
1. Entity Name <b>J L MILLER, LLC</b>	

Principal Place of Business <b>1301 NORTH TAMiami TRAIL, #811 SARASOTA, FL 34236</b>	Mailing Address <b>1301 NORTH TAMiami TRAIL, #811 SARASOTA, FL 34236</b>
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2. Principal Place of Business <b>101 S. GULFSTREAM AVE.</b>	3. Mailing Address <b>101 S. GULFSTREAM</b>
Suite, Apt. #, etc. <b>6H</b>	Suite, Apt. #, etc. <b>UNIT 6H</b>
City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>34236-8945</b> Country <b>USA</b>	Zip <b>34236-8945</b> Country <b>USA</b>



04042005 Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent <b>MILLER, JACK L 1301 NORTH TAMiami TRAIL, #811 SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name <b>JACK L. MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 S. GULFSTREAM AVE. UNIT 6H</b> City <b>SARASOTA</b> FL <b>34236-8945</b>
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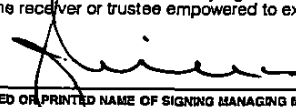
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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
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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 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:**  **4/14/05** **941.365.6665**

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