

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90321 016 \*\*\*\*50.00

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|   |   |                     |   |   |  |
|---|---|---------------------|---|---|--|
| DOCUMENT # L04000015015   |   |                     |   |   |  |
| 1. Entity Name<br><b>DEAN R MILLER, LLC</b>   |   |                     |   |   |  |
| Principal Place of Business<br><b>1420 WESTBROOK DR<br/>SARASOTA, FL 34231</b>  |   |                     | Mailing Address<br><b>1420 WESTBROOK DR<br/>SARASOTA, FL 34231</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |   |  |
| City & State  |   | City & State        |   |   |  |
| Zip   | Country   | Zip                 | Country   | 4. FEI Number <b>20-0769882</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input checked="" type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |                     |   |   |  |
| 6. Name and Address of Current Registered Agent   |   |                     | 7. Name and Address of New Registered Agent   |   |  |
| <b>SCHNEIDER, JEFFREY A</b><br><b>1402 ROYAL PALM BEACH BLVD</b><br><b>BLDG 700, STE 110</b><br><b>ROYAL PALM BEACH, FL 33411</b>   |   |                     | Name <b>DEAN R. MILLER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1420 WESTBROOK DRIVE</b><br>City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</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.   |   |                     |   |   |  |
| SIGNATURE <u>DEAN R MILLER</u>  |   |                     | DATE <u>6/10/05</u>   |   |  |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |   |                     | Make check payable to<br>Florida Department of State  |   |  |
| 9. MANAGING MEMBERS / MANAGERS  |   |                     | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM</b><br><b>MILLER, DEAN R</b><br><b>1420 WESTBROOK DR</b><br><b>SARASOTA, FL 34231</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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: <u>DEAN R MILLER</u>   |   |                     | Date <u>6/10/05</u> Daytime Phone # <u>941 928 6335</u>   |   |  |