2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000018006 1. Entity Name RON MILLER L.L.C.				Secretary of State
HON MIL	LER L.L.C.			
Principal Place of Business		Mailing Address		-
2010 19TH AVE NORTH PENSACOLA FL 32503		2010 19TH AVE NORTH PENSACOLA FL 32503		
2. Principal Place of Business		3. Mailing Address		I IUUISUIS US! BEIS! DIER! BESS ERSS ERSS ERS SERI SERI BEIS ERSE HURE HIERE SIA SERI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State	•	4. FEt Number 76-0751813 Applied For Not Applied
Ziρ	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of C	Current Registered Agent		7. Name and Address of New Registered Agent
	. =		Name	
MILLER, RONALD H 2010 19TH AVE NORTH PENSACOLA FL 32503			Street Address	s (P.O. Box Number is Not Acceptable)
}			City	FL { Zip Code
8. The above the obliga	e named entity submits this state tions of registered agent.	ment for the purpose of changing	ts registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of register	yed sepret and take a population. Attention	DIE Digistored Agest signabus requi	red when rehalding) DATE
	organica, typed of printed fidula of register	red agent and the it opposes (N	OTE Registered Agent signature required NOW!!! FEE IS \$50.00	teo when renarrand
		Make Check Pava	NOW!!! FEE IS \$50.00 ble to Florida Departm ue By May 1, 2006	ent of State
9.	MANAGING	MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, RONALD H 2010 19TH AVE NORTH PENSACOLA FL 32503		NAME STREET ADDRESS CITY-SI-ZIP	2 3 3 4 5 5 5
TITLE		☐ Delete	TITLE	☐ Change ☐ Additit
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	000000401701 02/02/06-80053-020 50.00
THE		Delete	IMIF	Change ☐ A.A.
NAME STREET ADDRESS			NAME STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP	- DAME
NAME		∟ ∪eigie	TITLE MANA	☐ Change ☐ Andhii
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Oelete	TITLE NAME	☐ Change ☐ Addis
STREET ADDRESS CHY-SI-ZIP		•	STREET ACORESS CITY-ST-ZIP	
TITLE		☐ Delete	titre	☐ Change ☐ Addition
HAME STREET ADDRESS			NAME CIRCUI ADDRESS	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
Indicated	tion this report is true and accu	olled with this filing does not qualify rate and that my signature shall his or trustee empowered to execute the	ave the same legal effect as	ned in Section 119, Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

FILED Jan 25, 2006 08:00 AM

SIGNATURE Brokell Miller ROWALD H. Miller 1/20/06 850-469-1514