## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000023283

Entity Name: MILLER WEST INVESTMENT, L.L.C.

Apr 24, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3333 NEW HYDE PARK RD STE 100 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042

SUITE 100

NEW HYDE PARK, NY 11042 US

**Current Mailing Address: New Mailing Address:** 

3333 NEW HYDE PARK RD STE 100 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042

SUITE 100

NEW HYDE PARK, NY 11042 US

FEI Number: 20-1554423 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

() Delete

MILLERS WEST INVESTM, ENTS MANAGER L L C Name:

3333 NEW HYDE PARK RD STE 100 Address:

City-St-Zip: NEW HYDE PARK, NY 11042

Title: ( ) Delete SCHINDLER, MICHAEL VP Name:

Address: 3333 NEW HYDE PARK ROAD City-St-Zip: NEW HYDE PARK, NY 110402

Title: (X) Delete

PAPPAGALLO, MICHAEL CFO Name: 3333 NEW HYDE PARK ROAD Address: City-St-Zip: NEW HYDE PARK, NY 11042

Title: MM (X) Delete Name: KAUDERER, BRUCE

Address: 3333 NEW HYDE PARK ROAD City-St-Zip: NEW HYDE PARK, NY 11042

ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition

MILLER WEST INVESTME, NT MANAGER, LL C Name:

Address: 3333 NEW HYDE PARK ROAD SUITE 100

City-St-Zip: NEW HYDE PARK, NY 11042

Title: (X) Change ( ) Addition

Name: MILLER WEST INVESTME, NT MEMBER, LLC

Address: 3333 NEW HYDE PARK ROAD SUITE 100

City-St-Zip: NEW HYDE PARK, NY 11042

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRYSTAL FICKEN 04/24/2008