

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034168

Entity Name: MILLER, PACHO & MACKS, L.L.C.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

102025 OVERSEAS HWY
KEY LARGO, FL 33037

New Principal Place of Business:

453 N. KROME AVENUE
FLORIDA CITY, FL 33034

Current Mailing Address:

102025 OVERSEAS HWY
KEY LARGO, FL 33037

New Mailing Address:

P.O. BOX 753
KEY LARGO, FL 33037

FEI Number: 20-1042850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOHN R JR
102025 OVERSEAS HWY
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

MILLER, JOHN R JR
453 N. KROME AVENUE
FLORIDA CITY, FL 33034 US

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:

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, JOHN R JR
Address: 102025 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, JOHN R JR
Address: 453 N. KROME AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM () Change (X) Addition
Name: PACHO, JORGE M
Address: 453 N. KROME AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE M. PACHO

MGRM

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date