2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038528

1. Entity Name
MILLER FAMILY, LLC

Principal Place of Business	Mailing Address
3898 GOLDEN MEADOW COURT OVIEDO, FL 32765	3898 GOLDEN MEADOW COURT OVIEDO, FL 32765

04192006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2463008
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, I. MICHAEL ESQ.
498 PALM SPRING DRIVE
SUITE 101
OVIEDO, FL 32765

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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 _____ _____ _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MILLER, JAVIER
STREET ADDRESS	3898 GOLDEN MEADOW COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGRM
NAME	MILLER, MARIA L
STREET ADDRESS	3898 GOLDEN MEADOW COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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05/06/06-80102-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MBR, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #