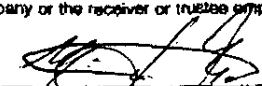


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000038528														
1. Entity Name MILLER FAMILY, LLC														
Principal Place of Business 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765		Mailing Address 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent TUCKER, I. MICHAEL ESQ. 496 PALM SPRING DRIVE SUITE 101 OVIEDO, FL 32765		DO NOT WRITE IN THIS SPACE												
7. 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: _____ (NOTE: Registered Agent signature required when changing) Signature typed or printed name of registered agent and title if applicable.														
Filing Fee is \$50.00 Due by May 1, 2007		04072007 No Chg-LLC CR2ED83 (11/05) 4. FEI Number 58-2483008 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied For Not Applicable 000000703567 04/24/07-80120-012 50.00												
9. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGRM MILLER, JAVIER 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGRM MILLER, MARIA L 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, JAVIER 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, MARIA L 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 800, Florida Statutes. SIGNATURE:  4/12/07 (407) 3663321 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE														

**DO NOT WRITE
IN THIS SPACE**