
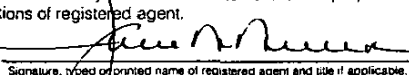
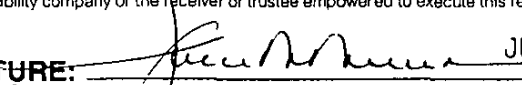


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90368 022 \*\*\*\*50.00

DOCUMENT # L04000041308					
1. Entity Name <b>JULIE MILLER &amp; ASSOCIATES, LLC</b>					
Principal Place of Business <b>341 BRANTLEY CLUB PLACE LONGWOOD, FL 32779 US</b>			Mailing Address <b>341 BRANTLEY CLUB PLACE LONGWOOD, FL 32779 US</b>		
2. Principal Place of Business <b>2160 TERRACE BLVD</b>		3. Mailing Address <b>2160 TERRACE BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LONGWOOD, FL</b>		City & State <b>LONGWOOD, FL</b>		4. FEI Number <b>20-1189039</b>	
Zip <b>32779</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILLER, JULIE M 341 BRANTLEY CLUB PLACE LONGWOOD, FL 32779</b>			7. Name and Address of New Registered Agent Name <b>Julie M. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>2160 Terrace Blvd.</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</b>		
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. <b>Julie M. Miller</b>		DATE <b>4-29-05</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JULIE M 341 BRANTLEY CLUB PLACE LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM, PRESIDENT MILLER, JULIE M 2160 TERRACE BLVD LONGWOOD, FL 32779
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		<b>JULIE MILLER</b>		Date <b>4-29-05</b> Daytime Phone # <b>7-222-1839</b>	