


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90039 009 ****50.00

DOCUMENT # L04000045962	
1. Entity Name JACQUELINE S. MILLER, PLC	

Principal Place of Business 505 S. FLAGLER DRIVE, STE. 300 WEST PALM BEACH FL 33401	Mailing Address 505 S. FLAGLER DRIVE, STE. 300 WEST PALM BEACH FL 33401
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2. Principal Place of Business ONE NORTH CLEMATIS ST. Suite, Apt. #, etc. SUITE 500 City & State WEST PALM BEACH FL Zip 33401	3. Mailing Address ONE NORTH CLEMATIS ST. Suite, Apt. #, etc. SUITE 500 City & State WEST PALM BEACH FL Zip 33401
Country USA	Country USA

1st MOORE CR2E083 (10/04)

4. FEI Number 51-0513214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JACQUELINE S 505 S. FLAGLER DRIVE, STE. 300 WEST PALM BEACH FL 33401	
7. Name and Address of New Registered Agent Name JACQUELINE S. MILLER Street Address (P.O. Box Number is Not Acceptable) ONE NORTH CLEMATIS ST. STE 500 City WEST PALM BEACH FL Zip Code 33401	

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 JACQUELINE S. MILLER DATE 4/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JACQUELINE S 505 S. FLAGLER DRIVE, STE. 300 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACQUELINE S. MILLER ONE NORTH CLEMATIS ST. #500 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JACQUELINE S. MILLER DATE 5/6-832-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #