


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

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

<b>DOCUMENT # L04000063686</b> 1. Entity Name GLEN MILLER HOLDINGS, LLC	
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Principal Place of Business 5582 N.E. FOURTH COURT, LOFT SIX MIAMI, FL 33137	Mailing Address 5582 N.E. FOURTH COURT, LOFT SIX MIAMI, FL 33137
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03162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0880663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROTH, JEFFREY C C/O ROTH & SCHOLL 1500 SAN REMO AVE., SUITE 176 CORAL GABLES, FL 33146
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFETZ, JERRY 5582 N.E. FOURTH COURT, LOFT SIX MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, GLEN 5582 N.E. FOURTH COURT, LOFT SIX MIAMI, FL 33137
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05/06/06-80038-010 50.00

**DO NOT WRITE  
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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:** *Jerry Chafetz* **4-20-06** **305-758-8880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone if