

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-18-2005 90179 035 ****50.00

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DOCUMENT # L04000066959

1. Entity Name
MILLERATON, LLC



Principal Place of Business
**10390 CAMELBACK LANE
BOCA RATON, FL 33487**

Mailing Address
**10390 CAMELBACK LANE
BOCA RATON, FL 33487**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
23 CLUB DRIVE
Suite, Apt. #, etc.

City & State
ROSLYN HTS, NY

Zip
11577

Country
USA

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
27-0104861

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLER, HOWARD
10390 CAMELBACK LANE
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating)

DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

| B. PRESIDENT MANAGING MEMBERS/MANAGERS | | 10. PRESIDENT ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HOWARD MILLER 23 CLUB DRIVE ROSLYN HTS, NY 11577 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HOWARD MILLER 23 CLUB DRIVE ROSLYN HTS, NY 11576 <input 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 |
| 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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| 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 |

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: Howard Miller 1/11/05 (516) 576-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #