

138

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076446

1. Entity Name
MILLER SQUARE PROFESSIONAL CENTER, LLC



Principal Place of Business Mailing Address
9655 SOUTH DIXIE HIGHWAY, STE. 200 9655 SOUTH DIXIE HIGHWAY, STE. 200
MIAMI, FL 33156 MIAMI, FL 33156

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1783415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, EDWARD L
9655 SOUTH DIXIE HIGHWAY, STE. 200
MIAMI, FL 33156

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956005
07/22/08-80014-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHMIDT, EDWARD L
STREET ADDRESS	9655 SOUTH DIXIE HIGHWAY, STE. 200
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	MGR
NAME	LARKIN, JEREMY S
STREET ADDRESS	9655 SOUTH DIXIE HIGHWAY, STE. 200
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/8/08
Date

Daytime Phone #