## **2005 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

## DOCUMENT #1.04000092774



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

1. Entity Name OG MIRACLES PARTNERS, LLC						05-02-2005 90120 025 ****50.00
Principal Plac	e of Business	1	Mailing Address			*:
	RISON AVENUE 920 19TH STREET NORTH CITY, FL 32401 BIRMINGHAM, AL 35203				**	
2. Principal P		*	3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
dulie, Apt. #, etc.			Saite, Apr. II, etc.			02242005 Chg-LLC CR2E083 (10/03)
City & State			City & State			4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country		Zip Cou		itry	5. Certificate of Status Desired S5.00 Additional
	S. Name and Address of Current		Pagistared Agent			7. Name and Address of New Registered Agent
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New negistered Agent
HARRISON, RIVARD, ZIMMERMAN & E 1 <del>01 HARRISON AVEN</del> UE PANAMA CITY, FL 32401			ENNETT, CHT		Street Address	s (P.O. Box Number is Not Acceptable) イタストラップ インモンリビ
					107 17ARRISON AUGUS	
					City	FL Zip Code
	named entity ions of registe		r the purpose of changing its	register	ed office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requi	ired when reinstating) DATE
Fi	ling Fee i			n la de la		Make check payable to Florida Department of State
9. 12 1.41		· · · 'MANAGING MEMBE	RS/MANAGERS : 1911	10.		ADDITIONS/CHANGES
TITLE	MGRM				E	☐ Change ☐ Addition
NAME STREET ADDRESS		, GRADY F STREET NORTH		NAM	ET ADDRESS	
CITY-ST-ZIP		HAM, AL 35203			-ST-ZIP	
TITLE	MGRM		□ Delete	TITL	E	☐ Change ☐ Addition
NAME	VICKERS, OWEN			NAME		
STREET ADDRESS	l	AVENUE NORTH			EET ADDRESS	
CITY-ST-ZIP	BIRMING	HAM, AL 35210		CITY	-ST-ZIP	
TITLE			☐ Delete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS	-			NAM STRE	ET ADDRESS	
CITY-ST-ZIP					-ST-ZIP	
TITLE			☐ Delete	TITL	E	☐ Change ☐ Addition
NAME				NAM	E	<b>-</b> , -
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP					-ST-ZIP	
TITLE NAME			☐ Delete	TITL		☐ Change ☐ Addition
STREET ADDRESS					EET ADDRESS	
CITY-ST-ZIP					-ST-ZIP	
TITLE			☐ Delete	TITL	E	☐ Change ☐ Addition
NAME				NAM		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	
	nortify that the	information cumplied with	this filling does not qualify for			Section 110 07/3Vil Florida Statuton 1 further contifue that the information
FI. THEREBY	sermy marrine	antormation supplied With	ans ming does not quanty for	use exe	mpuon stated in a	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: 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date