


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000092774**  
 1. Entity Name  
**OG MIRACLES PARTNERS, LLC**



Principal Place of Business      Mailing Address  
**109 HARRISON AVE**                      **920 19TH STREET NORTH**  
**PANAMA CITY, FL 32401**                      **BIRMINGHAM, AL 35203**

**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-LLC      CR2E083 (11/05)  
 4. FEI Number      Applied For  
**20-2677548**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARRISON, RIVARD, ZIMMERMAN & BENNETT, CHT**  
**109 HARRISON AVENUE**  
**PANAMA CITY, FL 32401**

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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 \_\_\_\_\_  
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	MGRM BURROW, GRADY F 920 19TH STREET NORTH BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKERS, OWEN 2700 1ST AVENUE NORTH BIRMINGHAM, AL 35210
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 05/12/06-80014-011 50.00

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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: *Grady Burrow*      4/25/06      205-323-0222