

**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
**109 HARRISON AVE
PANAMA CITY, FL 32401**

Mailing Address
**920 19TH STREET NORTH
BIRMINGHAM, AL 35203**

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2677548

Applied For
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**

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURROW, GRADY F
STREET ADDRESS	920 19TH STREET NORTH
CITY-ST-ZIP	BIRMINGHAM, AL 35203
TITLE	MGRM
NAME	VICKERS, OWEN
STREET ADDRESS	2700 1ST AVENUE NORTH
CITY-ST-ZIP	BIRMINGHAM, AL 35210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000547199
05/12/06-80014-011 50.00

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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: Grady F Burrow

4/25/06

205-323-0222