

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90058 018 \*\*\*\*50.00

**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**



01052007No 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, 2007**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

1/5/07

Date

205-323-0222

Daytime Phone #