

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

2/1

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90170 020 \*\*\*\*50.00

<b>DOCUMENT # L05000003621</b> 1. Entity Name <b>MILLER CREEK, L.L.C.</b>					
Principal Place of Business <b>803 SOUTHWEST 1ST AVENUE OCALA, FL 34474</b>			Mailing Address <b>803 SOUTHWEST 1ST AVENUE OCALA, FL 34474</b>		
2. Principal Place of Business <b>2801 SE 1st Avenue</b>		3. Mailing Address <b>2801 SE 1st Avenue</b>			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>			
City & State <b>Ocala, Florida</b>		City & State <b>Ocala, Florida</b>			
Zip <b>34471</b>		Country <b>USA</b>		Zip <b>34471</b>	
Country <b>USA</b>		4. FEI Number <b>20-2624078</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/7/06</b> Daytime Phone # _____		

30004700



01192006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30002766

#-LOS000003621

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

MILLER CREEK, L.L.C.  
2801 SE 1ST AVE., SUITE 101  
OCALA, FL 33471

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

PLEASE BE ADVISED, WE HAVE RECEIVED YOUR ANNUAL REPORT/UNIFORM BUSINESS REPORT AND YOUR CHECK(S) TOTALING \$50.00; HOWEVER, THE REPORT **HAS NOT BEEN FILED** AND A COPY IS BEING RETURNED FOR THE FOLLOWING CORRECTION(S):

PLEASE COMPLETE BLOCK 4 BY ENTERING YOUR FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER OR BY CHECKING THE APPROPRIATE BOX. IF "APPLIED FOR" IS PREPRINTED IN BLOCK 4, YOU **MUST** NOW PROVIDE THE FEI NUMBER. A SOCIAL SECURITY NUMBER IS NOT CONSIDERED TO BE THE SAME AS THE FEI NUMBER. FOR FEI NUMBER ASSISTANCE, CALL THE IRS AT (800)829-1040.