

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90040 011 \*\*\*\*50.00

**DOCUMENT # L05000006625**

1. Entity Name  
**DONALD S. MILES, LLC**



Principal Place of Business  
**10381 S.W. 74TH COURT  
OCALA, FL 34476**

Mailing Address  
**10381 S.W. 74TH COURT  
OCALA, FL 34476**

2. Principal Place of Business

**10371 S.W. 74 COURT**

Suite, Apt. #, etc.

3. Mailing Address

**10371 S.W. 74 COURT**

Suite, Apt. #, etc.

City & State

**OCALA, FLORIDA**

City & State

**OCALA, FLORIDA**

Zip

**34476**

Country

**MARION**

Zip

**34476**

Country

**MARION**

02262006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-2201581**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILES, DONALD S  
10381 S.W. 74TH COURT  
OCALA, FL 34476**

7. Name and Address of New Registered Agent

Name

**DONALD S. MILES**

Street Address (P.O. Box Number is Not Acceptable)

**10371 S.W. 74 COURT**

City

**OCALA,**

**FL**

Zip Code

**34476**

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 **DONALD S. MILES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/12/06**

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MILES, DONALD S**  
STREET ADDRESS **10381 S.W. 74TH COURT**  
CITY-ST-ZIP **OCALA, FL 34476**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **DONALD S. MILES**  
STREET ADDRESS **10371 S.W. 74 COURT**  
CITY-ST-ZIP **OCALA, FLORIDA 34476**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**DONALD S. MILES**

**DONALD S. MILES**

**4/12/06**

**352-237-6260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #