

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2006 90041 038 ****50.00

DOCUMENT # L05000011331

1. Entity Name
DAN MILLER PROPERTIES, LLC



Principal Place of Business
1998 SAWDUST ROAD
QUINCY, FL 32351

Mailing Address
1998 SAWDUST ROAD
QUINCY, FL 32351

2. Principal Place of Business
1600 Reynolds Rd.
Suite, Apt. #, etc.

3. Mailing Address
1600 Reynolds Rd.
Suite, Apt. #, etc.



01252006 Chg-LLC CR2E083 (11/05)

City & State
Quincy, FL
Zip 32351 Country US

City & State
Quincy, FL
Zip 32351 Country US

4. FEI Number
20-2277518
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAN
1998 SAWDUST ROAD
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1600 Reynolds Rd.
City Quincy FL Zip Code 32351

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]*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM			
	MILLER, DAN	1998 SAWDUST ROAD	QUINCY, FL 32351	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1600 Reynolds Rd.	Quincy, FL 32351	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

Danny Miller

4/11/06

545-5839