


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90009 025 ****50.00

DOCUMENT # L05000026073

1. Entity Name
FOX - MILLER INVESTMENTS, LLC



Principal Place of Business
**C/O J. RICHARD HARRIS, 4400 PGA BLVD
 SUITE 800
 PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**C/O J. RICHARD HARRIS, 4400 PGA BLVD
 SUITE 800
 PALM BEACH GARDENS, FL 33410 US**

2. Principal Place of Business
123 Vintage Isle Lane

3. Mailing Address
123 Vintage Isle Lane

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip
33418

Country
USA

Zip
33418

Country
USA



02272006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**HARRIS, J. RICHARD
 4400 PGA BLVD
 SUITE 800
 PALM BEACH GARDENS, FL 33410**

4. FEI Number
20-2550042

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Sandra K. Fox

Street Address (P.O. Box Number is Not Acceptable)
123 Vintage Isle Lane

City
Palm Beach Gardens **FL** Zip Code
33418

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 *Sandra K. Fox* DATE *3/23/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOX, SANDRA K 4400 PGA BLVD, SUITE 800- PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>123 Vintage Isle Lane Palm Beach Gardens, FL 33418</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR MILLER, LISA 4400 PGA BLVD, SUITE 800 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 10 New Buffalo, MI 49117</i> |
| 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 |
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| 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.

SIGNATURE: *Sandra K. Fox* Date *3/23/06* Daytime Phone # *561-627-2881*

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