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Sent By: JAMES MOORE & CO.;

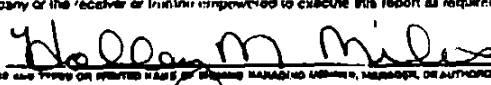
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FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90013 013 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000029289			
1. Filing Name MILES BROTHERS, LLC			
Principal Place of Business 1695 METROPOLITAN CIRCLE STE 6 TALLAHASSEE, FL 32308		Mailing Address 1695 METROPOLITAN CIRCLE STE 6 TALLAHASSEE, FL 32308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent DARIOTIS, TERRENCE T 1695 METROPOLITAN CIRCLE STE 6 TALLAHASSEE, FL 32308		5. FEI Number 20-2671116 Applied For ☐ Not Applicable 6. Continuation of Return Filed ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent Name: E. Louis Martin Street Address (P.O. Box Number is Not Applicable): 2473 CAFE DRIVE, SUITE #2 City: TALLAHASSEE FL 32308			
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: 		DATE	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MILES, HOLLEY M POB 7328 HILTON HEAD ISLAND, SC 29928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 		7-5-07	
SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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