

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90156 009 \*\*\*\*50.00

**DOCUMENT # L05000052506**

1. Entity Name

MILLER DOWNTOWN PROPERTIES, L.L.C.



Principal Place of Business

218 PINE STREET  
LAKELAND FL 33801

Mailing Address

PO BOX 2384  
LAKELAND FL 33806

2. Principal Place of Business - No P.O. Box #

502 N. Massachusetts Ave.

3. Mailing Address

P.O. Box 2384

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

USA

Zip

33806

Country

USA

4. FEI Number

20-2921410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, COREY J  
218 PINE STREET  
LAKELAND FL 33801

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MILLER, COREY J  
STREET ADDRESS 218 PINE STREET  
CITY-ST-ZIP LAKELAND FL 33801

TITLE MGRM ☐ Delete  
NAME MILLER, JAIME L  
STREET ADDRESS 218 PINE STREET  
CITY-ST-ZIP LAKELAND FL 33801

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 MGRM ☒ Change ☐ Addition  
NAME Miller, Corey J.  
STREET ADDRESS 502 N. Massachusetts Ave.  
CITY-ST-ZIP Lakeland, FL 33801

TITLE MGRM ☒ Change ☐ Addition  
NAME Miller, Jaime L  
STREET ADDRESS 502 N. Massachusetts Ave.  
CITY-ST-ZIP Lakeland, FL 33801

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Corey Miller*

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

Date

Daytime Phone #

5/29/07

(83) 688-3000