
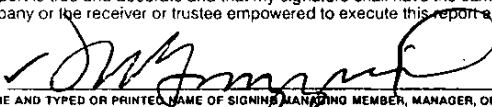


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90198 004 ****50.00

DOCUMENT # L05000068106 1. Entity Name GRIZZARD-MILLER, LLC					
Principal Place of Business 1300 W. NORTH BLVD. LEESBURG, FL 34748			Mailing Address 1300 W. NORTH BLVD. LEESBURG, FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, JAMES L 1300 W. NORTH BLVD. LEESBURG, FL 34748				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MANAGING MEMBER JAMES L. MILLER 9817 FAIRWAY CIRCLE LEESBURG, FL 34788		
			MANAGING MEMBER DONNA MILLER 9817 FAIRWAY CIRCLE LEESBURG, FL 34788		
			MANAGING MEMBER THOMAS N. GRIZZARD 1300 W. NORTH BLVD LEESBURG, FL 34748		
			MANAGING MEMBER LINDA K. GRIZZARD 1300 W. NORTH BLVD LEESBURG, FL 34748		
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: 			352-787-6966 Date: 3-2-06 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					