
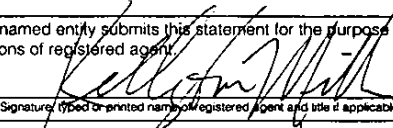



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90037 032 \*\*\*\*50.00

<b>DOCUMENT # L05000088616</b> 1. Entity Name <b>KELLY A MILLER, LLC</b>					
Principal Place of Business <b>300 E SOUTH ST. 4014 ORLANDO, FL 32801 US</b>			Mailing Address <b>300 E SOUTH ST. 4014 ORLANDO, FL 32801 US</b>		
2. Principal Place of Business <b>12118 STILL MEADOW DR</b>		3. Mailing Address <b>12118 STILL MEADOW DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CLERMONT, FL</b>		City & State <b>CLERMONT, FL</b>		4. FEI Number <b>56-2530999</b>	
Zip <b>34711</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MILLER, KELLY A 300 E SOUTH ST. 4014 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Kelly A Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>12118 STILL MEADOW DR</b> City <b>CLERMONT</b> <b>FL</b> Zip Code <b>34711</b>		
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 <b>4/3/06</b>		
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	<b>MGRM MILLER, KELLY A 300E SOUTH ST. # 4014 ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM/P Kelly A. Miller 12118 STILL MEADOW DR CLERMONT, FL 34711</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: 			Date <b>4/03/06</b>		Daytime Phone # <b>321 436 759</b>