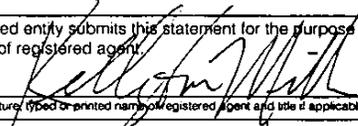
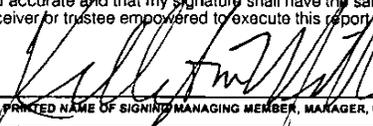


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

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