


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90273 044 ****55.00

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|---|---|--|---|---|-----------------|
| DOCUMENT # L06000032382 | | | |  | |
| 1. Entity Name MILLER & ASSOCIATES, LLC | | | | | |
| Principal Place of Business 2701 E GRAND RESERVE CIRCLE #1525 CLEARWATER, FL 33759 US | | | Mailing Address 2701 E GRAND RESERVE CIRCLE #1525 CLEARWATER, FL 33759 US | | |
| 2. Principal Place of Business - No P.O. Box # 1868 Greenhill Drive | | 3. Mailing Address 1868 Greenhill Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Clearwater, FL | | City & State Clearwater, FL | | 4. FEI Number 20-4595174 | |
| Zip 33755 | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent 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, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MILLER, DONNIE R 2701 E GRAND RESERVE CIRCLE #1525 CLEARWATER, FL 33759 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Miller, Donnie R. 1868 Greenhill Drive Clearwater, FL 33755 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Donnie R. Miller</u> | | | Donnie R. Miller 1/31/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |

727/449-2474