

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054223

FILED
Jan 08, 2008
Secretary of State

Entity Name: MILLER & BRASINGTON, P.L.

Current Principal Place of Business:

4545 N.W. 8TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

4545 N.W. 8TH AVENUE
SUITE 1
GAINESVILLE, FL 32605

Current Mailing Address:

4545 N.W. 8TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

4545 N.W. 8TH AVENUE
SUITE 1
GAINESVILLE, FL 32605

FEI Number: 20-4936108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SHANNON
4545 N.W. 8TH AVENUE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, SHANNON
Address: 4545 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: BRASINGTON, MONICA
Address: 4545 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, SHANNON
Address: 4545 N.W. 8TH AVENUE, SUITE 1
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM (X) Change () Addition
Name: BRASINGTON, MONICA
Address: 4545 N.W. 8TH AVENUE, SUITE 1
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANNON M. MILLER

MGRM

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date