2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED

May 14, 2007 8:00 am Secretary of State

DOCUMENT # L06000065802 05-14-2007 90361 047 ****50.00 THE LANDINGS AT MILLER ROAD, LLC 40112809 Principal Place of Business Mailing Address 219 NORTH DIXIE HIGHWAY 219 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JAMES F Street Address (P.O. Box Number is Not Acceptable) 219 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change ☐ Addition TITLE ☐ Delete MILLER, JAMES F NAME STREET ADDRESS 219 NORTH DIXIE HIGHWAY STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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 of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-\$T-ZIP

STREET ADDRESS,

CITY-ST-ZIP

TITLE i, NAME

SIGNATURE: SIGNATURE and TYPED OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Addition

☐ Change