

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 08, 2009
Secretary of State**

DOCUMENT# L07000092634

Entity Name: MILLER FARMS, LLC

Current Principal Place of Business:

3615 COUNTY ROAD 621 EAST
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

3615 COUNTY ROAD 621 EAST
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 26-0730354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, JAMES W
3615 COUNTY ROAD 621 EAST
LAKE PLACID, FL 33852 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: MGR () Delete
Name: MILLER, JAMES W
Address: 421 CLOVERLEAF ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: MGRM () Delete
Name: D. TOPE & SONS INC.,
Address: P.O. BOX 127
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES W. MILLER

JWM

01/08/2009

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