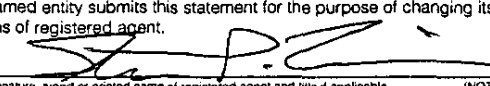
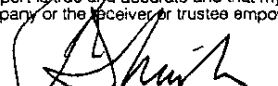


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90089 001 ****50.00

DOCUMENT # L99000002304 1. Entity Name MILLER PALMS, L.L.C.					
Principal Place of Business 115 MAPLE HILL ROAD GLADWYNE, PA 19035			Mailing Address 115 MAPLE HILL ROAD GLADWYNE, PA 19035		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2464596	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCAFFREY, JUDITH E 5811 PELICAN BAY BLVD., SUITE 206-A NAPLES, FL 34108			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
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 			STEVEN P. ZIMMER SPECIAL ASSISTANT SECRETARY DATE 6-14-04		
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER PARTNERS, L.P. 115 MAPLE HILL ROAD GLADWYNE, PA 19035	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Schuylkill Partners, L.P.	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Schuylkill Partners, L.P.	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Schuylkill Partners, L.P.	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Schuylkill Partners, L.P.	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Paul F. Miller, Jr. 6/8/04 610 941-5010					