

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000002304

1. Entity Name
MILLER PALMS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 18 AM 10:54

Principal Place of Business

115 MAPLE HILL ROAD
GLADWYNE, PA 19035

Mailing Address

115 MAPLE HILL ROAD
GLADWYNE, PA 19035

DO NOT WRITE IN THIS SPACE



05212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2464596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SCHUYLKILL PARTNERS LP
115 MAPLE HILL ROAD
GLADWYNE, PA 19035

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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REL 11/18/05 2005

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12/14/05--01005--004 **150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Paul F. Miller, Jr. 11/21/05 610-642-5167

Date

Daytime Phone #