

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001891

Entity Name: MILLER FAMILY PROPERTIES, LLC

FILED  
Jan 16, 2005  
Secretary of State

**Current Principal Place of Business:**

2604 LOCUST HILL PLACE  
LOUISVILLE, KY 40245

**New Principal Place of Business:**

**Current Mailing Address:**

2604 LOCUST HILL PLACE  
LOUISVILLE, KY 40245

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MILLER, J. GORDON  
23704 STONEYRIVER PLACE  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

MILLER, J. GORDON  
9321 SPRING RUN BLVD  
#2903  
BONITA SPRINGS, FL 34135 US

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:

01/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MILLER, FAYE B  
Address: 2604 LOCUST HILL PLACE  
City-St-Zip: LOUISVILLE, KY 40245

Title: MGR ( ) Delete  
Name: MILLER, J. GORDON  
Address: 2604 LOCUST HILL PLACE  
City-St-Zip: LOUISVILLE, KY 40245

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MILLER, FAYE B  
Address: 2604 LOCUST HILL PLACE  
City-St-Zip: LOUISVILLE, KY 40245

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J. GORDON MILLER

MGR

01/16/2005

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