


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90162 026 ****50.00

| | | | |
|---|--|--|--|
| DOCUMENT # M03000001368 1. Entity Name C.D. MILLER & PARTNERS LLC | |  | |
| Principal Place of Business W156 N11375 PILGRIM RD GERMANTOWN, WI 53022 | | Mailing Address W156 N11375 PILGRIM RD GERMANTOWN, WI 53022 | |
| 2. Principal Place of Business 15212 ARBOR HOLLOW DR Suite, Apt. #, etc. | | 3. Mailing Address P.O. BOX 307 Suite, Apt. #, etc. | |
| City & State ODESSA, FL | | City & State ODESSA, FL | |
| Zip 33556 | Country | Zip 33556-0307 | Country |
| 4. FEI Number 39-1783035 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MILLER, GERALDINE R 8800 SE 168TH SEDGWICK PLACE THE VILLAGES, FL 32162-2868 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 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, CARL D W156 N11375 PILGRIM RD GERMANTOWN, WI 53022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, CARL D. 15212 ARBOR HOLLOW DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, KATHLEEN S W156 N11375 PILGRIM RD GERMANTOWN, WI 53022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER MILLER, KATHLEEN S. 15212 ARBOR HOLLOW DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Carl D. Miller</i> CARL D. MILLER | | 2-12-04 813-792-8353 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |