


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90086 001 ***416.25

DOCUMENT # M03000001686	
1. Entity Name MILLER TIME, L.L.C.	

Principal Place of Business 500 S DIXIE HWY 307 CORAL GABLES, FL 33146	Mailing Address 1390 SOUTH DIXIE HIGHWAY, SUITE 1105 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 500 S. Dixie Hwy Suite 307 Coral Gables, FL. 33146 U.S.A.
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02252008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 05-0568905	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 STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name McBride, Brian Street Address (P.O. Box Number is Not Acceptable) 500 S. Dixie Hwy. Suite 307 Coral Gables FL 33146	
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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  Brian McBride <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3/7/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITE, HAROLD D 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCBRIDE, BRIAN A 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUTIERREZ, ROBERT 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Brian McBride <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 3/7/08	305-740-5799 <small>Daytime Phone #</small>	