2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2004
Secretary of State

DOCUMENT# M03000001715

Entity Name: MILES-ROYAL BREEZE, LLC

Current Principal Place of Business:

3379 PEACHTREE ROAD, N.E., SUITE 500
C/O MILES PROPERTIES, INC.
ATLANTA, GA 30326

New Principal Place of Business:

21227 US HIGHWAY 19 N.
CLEARWATER, FL 33765

Current Mailing Address:

3379 PEACHTREE ROAD, N.E., SUITE 500
C/O MILES PROPERTIES, INC.
ATLANTA, GA 30326

New Mailing Address:

3500 LENOX ROAD - STE 800
C/O MILES PROPERTIES, INC.
ATLANTA, GA 30326

FEI Number: 55-0830613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MILES-ROYAL BREEZE M, ANAGEMENT COMP A NY
Address: 3379 PEACHTREE ROAD, N.E., SUITE 500
City-St-Zip: ATLANTA, GA 30326

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: MILES, DANIEL J
Address: 3500 LENOX ROAD - STE 800
City-St-Zip: ATLANTA, GA 30326

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: DANIEL J MILES MGRM 06/10/2004

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