


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M06000003773 |  |
| 1. Entity Name A.L. MILLER & ASSOCIATES LLC | |

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|---|---|
| Principal Place of Business 3319 MAGUIRE BLVD., SUITE 135 ORLANDO, FL 32803 | Mailing Address 3319 MAGUIRE BLVD., SUITE 135 ORLANDO, FL 32803 |
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-4542440 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MILLER, LAURIE 17936 CAMARGO LN ORLANDO, FL 32820 |
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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 May 1, 2007**

U000000598429
01/24/07-80074-018 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, ANTHONY 3319 MAGUIRE BLVD., SUITE 135 ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, LAURIE 3319 MAGUIRE BLVD., SUITE 135 ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, JAMIE 3319 MAGUIRE BLVD., SUITE 135 ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Laurie Miller 1-19-07 407-896-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #