2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2006 8:00 am Secretary of State

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DOCUI 1. Entity Nam MILLER-N				301	10086	'n			
Principal Plac	e of Rusiness	Mailing Address				Q (')	10000	ß	
	R-VALENTINE COURT	4000 MILLER-VALENTINE DAYTON, OH 45439	COURT		I (86 1861) (1	÷. I Jenia naim achmaann ch			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202006	Chg-LLC	CR2E08	33 (11/05)	
City & State		City & State			4. FEI Number				oplied For ot Applicable
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F		•	
··········		····g·····	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Address (P	.O. Box Numbe	er is Not Acceptabl	e)		
			City				FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office o	v registere	d agent, or bot	h, in the State of Fi	orida. I am f	amiliar with,	and accept
SIGNATURE.	•								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: P	registered Agent signa	ture required v	rhen reinstating)		DATE		,
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9. IITLE NAME	MANAGING MEMBE MGRM MILLER, GERALD M	RS/MANAGERS	TITLE NAME	BLAKE, PO BOX		ADDITIONS	a Departme	ent of Stat	•
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM MILLER, GERALD M PO BOX 744	RS/MANAGERS	TITLE NAME STREET ADDRESS	BLAKE, PO BOX	744	ADDITIONS	a Departme	ent of Stat	•
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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 eath; 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.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #