2007 FOR PROFIT CORPORATION ANNUAL REPORT

Pinicipal Place of Business 1892 BURGOR BLVD 1892 BURGOR	DOCU 1. Entity Nam MILREB I			2007 400 10 04 1.50							
1892 BURFORD BLVD. TALLAHASSEE, FL 32308 TAL	_			- Control	1	ZUUT APK I	U Pri	1: 2g			
Suste, Apr. F. etc. Suste, Apr. F. etc. Suste, Apr. F. etc. Suste, Apr. F. etc. OutSouth Applied for	1892 BUFOR	RD BLVD.	1892 BUFORD BLVD.	1892 BUFORD BLVD.			SECRETARY OF STATE TALLAHASSEE FLORIDA				
City & State Cay & State Country Applied for T6-0764707 T6-07647	2. Principal P	lace of Business - No P.O. Box #									
Zp Country Zp Country S. Certificate of Satus Desired \$3.75 Auditoral Fee Required \$1.000 \$2.75 Auditoral Fee Required \$2.75 Auditoral Fee Required	Suite, Apt.	#, etc.	Suite, Apt, #, etc.	Suite, Apt, #, etc.			Chg-P	CR2E03	ı4 (12/0 6)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	City & Stat	е	City & State	City & State					<u> </u>		
MILLER, ROBERT W III 2270 TRESCOTT DRIVE TALLAHASSEE, FL 32308 City 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 flamitian with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees THE NOW. MILER, ROBERT W III Deter MILER, ROBERT T BITLE NOW. SIRET JOBESS OTY-51-2P TALLAHASSEE, FL 32308 OTY-51-2P THE NOW. SIRET JOBESS OTY-51-2	Zip	Country	Zip	Zip Country			of Status Desired				
SITEM Address (P.O. Box Number is Not Acceptable) STEEL ROBERT W.III 2270 TRESCOTT DRIVE TALLAHASSEE, FL 32308 City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Skele of Florida. I am flumidar with, and accept the cologistic or of registered agent. SIGNATURE Signaria, speed or prince and agendations and use Associous. OFFICE Registered Agent synthetic registered agent, or both, in the Skele of Florida. I am flumidar with, and accept the cologistic registered agent. SIGNATURE: S		Name and Address of Current Registered Agent				7. Name and	Address of New	Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. The above named onthy submits this statement for the purpose of changing its registered affice or registered agent, or bon, in the State of Florida. I sum familiar with, and accept the obligations of registered agent. SIGNATURE: SIGNATURE OTHER MOWILE FEE 18 54 50.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee wi	MILLED	ORERT WIII	Name								
City FL Zip Code 8. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Debts	2270 TRE	SCOTT DRIVE		Street Address		(P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comment C											
the obligations of registered agent. SIGNATURE: Charge Charg											
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 First Fund Contribution.											
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MME MILLER, ROBERT W III SIREIT ADDRESS OTY-ST-2P TALLAHASSEE, FL 32308 TRUST Delete TITLE WST MILLER, ROBERT E WST TALLAHASSEE, FL 32310 TITLE D SIREIT ADDRESS OTY-ST-2P TITLE D TITLE D SIREIT ADDRESS OTY-ST-2P TITLE D Delete TITLE D SIREIT ADDRESS OTY-ST-2P TITLE D Delete TITLE D D D D D D D D D D D D D											
TITLE MILLER, ROBERT W III SIRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 CITY-ST-2P TALLAHASSEE, FL 32310 CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32310 CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITL	FILE NOWIN FEE 13 \$130,00										
MILLER, ROBERT W III SIRET ADDRESS OITY-ST-2P TALLAHASSEE, FL 32308 TITLE VST ALLAHASSEE, FL 32308 TITLE VST MILLER, ROBERT E MILLER MAKE MILLER, ROBERT E MILLER MAKE MILLER, ROBERT E MAGISION MAKE SIRET ADDRESS CITY-ST-ZP TITLE MAKE MILLER, ROBERT E MAGISION MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE			DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 CITY-ST-2P TALLAHASSEE, FL 32310 CITY-ST-2P TALLAHASSEE, FL 32310 CITY-ST-2P TALLAHASSEE, FL 32310 CITY-ST-2P TALLAHASSEE, FL 32310 CITY-ST-2P D SMITH, RANDAL H SIREET ADDRESS CITY-ST-2P TILE D SMITH, RANDAL H SIREET ADDRESS CITY-ST-2P TILE LIVE OAK, FL 32060 CITY-ST-2P TILE Delete TILE MAKE SIREET ADDRESS CITY-ST-2P TILE MAKE SIRET AD		Dekte							Change	Addition	
THE VST Delete THE NAME SIRET ADDRESS		· ·			·					j	
MILLER, ROBERT E 1133 W. ORANGE AVE. CITY-ST-2IP TALLAHASSEE, FL 32310 Delete TITLE SMITH, RANDAL H STRETADORESS CITY-ST-2IP LIVE OAK, FL 32060 Delete TITLE NAME STRETADORESS CITY-ST-2IP TITLE NAME STRETADORESS STRETADORE	CITY-ST-ZIP	TALLAHASSEE, FL 32308			-ST-ZIP						
STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32310 TILE SIMITH, RANDAL H STREET ADDRESS CITY-ST-ZP LIVE OAK, FL 32060 TILE NAME STREET ADDRESS CITY-ST-ZP TILE		2 beide							☐ Change	Addition	
CITY-ST-ZP TALLAHASSEE, FL 32310 TITLE NAME SMITH, RANDAL H SMITH, RANDAL H SMITH, RANDAL H SMITH, RANDAL H SMETADORESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET		l ·			l l						
NAME STRET ADDRESS CITY-ST-ZP LIVE OAK, FL 32060 ITILE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP ADDRESS CITY	CITY-ST-ZIP	TALLAHASSEE, FL 32310			-ST-ZIP					ľ	
STREET ADDRESS CITY-ST-ZP LIVE OAK, FL 32060 STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-Z					l l				☐ Change	Addition	
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET AD		į ,		1	·						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTANGE TITLE Change Addition NAME CTANGE TITLE Delete TITLE TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE TITLE DELETE DELETE TITLE DELETE TITLE DELETE DELETE TITLE DE											
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTANGE TITLE Change Addition NAME CTANGE TITLE Delete TITLE TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELET ADDRESS TITY-ST-ZIP TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE TITLE DELETE DELETE TITLE DELETE TITLE DELETE DELETE TITLE DE	TITLE		☐ Delete	TITLE		10	00097	5662	P Mange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that/my name appears in Block 10 or Block 11 if changed, or on an attachment of the area directly with all other tike empowered to execute this reported. SIGNATURE:				4	l l	04/19	1/070102	2025	**150	1.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stalutes. I further certify that the information indicated on this report or supplemental yeport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of truyfee empowered to execute this report as required by Chapter 607, Florida Statutes, and thay my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with All other-like empowered. SIGNATURE:										ĺ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	TITLE		☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental yeport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with All other-like empowered. SIGNATURE:									- •	_	
TITLE NAME STREET ADDRESS CITY-ST-ZP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of truefee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:										}	
NAME STREET ADDRESS CITY-S1-ZIP 12. 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 or supplient that Jeport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of truy see empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with All other like emporared. SIGNATURE:	TITLE		☐ Delete	_					☐ Change	C Addition	
CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:				NAME	:						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:					1						
indicated on this report or supplemental jeport is true and accurate and that my signature shall have the same legal effect as if made/under oath; that I am an officer or director of the corporation or the receivery fruybee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an Address, with all other like empowered. SIGNATURE:	12. I hereby	Lertify that the information supplied with t	this filing does not qualify for	r the exe	emotions contained	1 in Chanter 110	Florida Statistas	I further core	fu that the i-	formation	
SIGNATURE: NOTWIN WWW 4/10/207 85-6/19	indicated of the cor	on this report or supplemental report is	true and accurate and that m	ny signat as renuir	ure shall have the red by Chapter 601	same legal effect 7. Florida Statute	, i iumud alagules. Las if made under s and thet my non	oath; that I ar oath; that I ar	n an officer Block 10 or	or director	
	changed	or on an attachment with an address, w	ith all other like empowered.	الروب و لاكسر	Shapici do	// /	, 19 -	7 /2/2	7. 1.21		
	SIGNAT	TURE: ////////////////////////////////////	I' I'MUV)		\mathcal{O}	41	10/10/	85	201	29	
		SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER (OR DIRECT	OR	//	Detre	Da	ytme Phone #		