


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 019 ****55.00

DOCUMENT # M05000006720			
1. Entity Name MILESTONE JACKSONVILLE LLC			
Principal Place of Business 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808		Mailing Address 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	
2. Principal Place of Business 5610 WISCONSIN AVENUE		3. Mailing Address 5610 WISCONSIN AVENUE	
Suite, Apt. #., etc. SUITE G101		Suite, Apt. #., etc. SUITE G101	
City & State CHEVY CHASE, MD		City & State CHEVY CHASE, MD	
Zip 20815		Country	
Country		Country	
4. FEI Number 06-1763146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
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 familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILSTONE PROPERTIES 5610 WISCONSIN AVE., SUITE G-101 CHEVY CHASE, MD 20815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILESTONE MANOR PARTNERSHIP 5610 WISCONSIN AVENUE., SUITE G101 CHEVY CHASE, MD 20815 <input checked="" 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	MGR ELAINE G MILESTONE 5610 WISCONSIN AVENUE, SUITE G101 CHEVY CHASE, MD 20815 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD KALMAR 380 N. VENTURA CLUB DRIVE ROSELLE, IL 60172 <input type="checkbox"/> Change <input checked="" 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: <u>Elaine Milestone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>8/10/06</u> Daytime Phone #: <u>301-657-4100</u>	