


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000006720**

1. Entity Name  
**MILESTONE JACKSONVILLE LLC**



Principal Place of Business <b>5610 WISCONSIN AVE.          STE G101          CHEVY CHASE, MD 20815</b>	Mailing Address <b>5610 WISCONSIN AVE.          STE G101          CHEVY CHASE, MD 20815</b>
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07052007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1763146	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILESTONE MANOR PARTNERSHIP 5610 WISCONSIN AVE., SUITE G-101 CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILESTONE, ELAINE G 5610 WISCONSIN AVE. STE G101 CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALMAR, RICHARD 380 N. VENTURA CLUB DR. ROSELLE, IL 60172
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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 07/13/07-80011-001 55.00

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* **7/16/07 354457-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #