
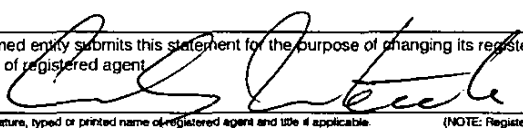
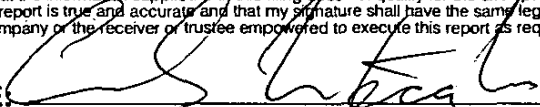


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90157 017 \*\*\*\*50.00

<b>DOCUMENT # L04000054639</b> 1. Entity Name <b>MIL LAKE ANNEX I, LLC</b>					
Principal Place of Business <b>222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business <b>4511 - 4663 Lakeworth</b>		3. Mailing Address <b>PO Box 611627</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Greenacres FL</b>		City & State <b>North Miami FL</b>		4. FEI Number <b>71 0970603</b>	
Zip <b>33463</b>		Country <b>USA</b>		Zip <b>33261-1627</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KOEPPPEL, JOEL P ESQ 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>CARLOS MONTECALVO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3702 NE 171<sup>st</sup> St # 9</b> <b>N. Miami Beach</b> <b>FL</b> Zip Code <b>33160</b>		
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 <b>1/11/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MONTECALVO, MARIO J 3702 NE 171ST STREET #9 NORTH MIAMI BEACH, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  DATE <b>1/11/05</b> DAYTIME PHONE # <b>786-201-3965</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		