2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # A07684

1. Entity Name

MIL-DELL, LTD.

Principal Place of Business	Mailing Address
11520 STATE ROAD #7 BOYNTON BEACH FL 33486	1401 S.W. 8TH STREET BOCA RATON FL 33486

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1921119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVERNIA, MILTON 1401 SW 8TH STREET BOCA RATON FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) 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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2007, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LAVERNIA, MILTON 1401 SW 8TH STREET BOCA RATON FL 33486	STREET ADDRESS CITY-ST-ZIP	U00000636431 02/26/07-80018-002 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MANDELL, ROBERT C. 6801 LAKE WORTH RD #124 LAKE WORTH FL	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Milton Lavernia MILTON LAVERNIA 2/1/07 561-392-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #