


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 /
Secretary of State

DOCUMENT # J41528 1. Entity Name KIMCO OF MILLERODE, INC.	
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Principal Place of Business 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PK., NY 11042 US	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK., NY 11042
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number 11-2845539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	U00000750454
CITY-ST-ZIP	NEW HYDE PK., NY 11042	CITY-ST-ZIP	05/18/07-80063-017 150.00
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDLER, MICHAEL	NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK, NY 11042	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MIKE	NAME	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK, NY 11042	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GLENN	NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK., NY 11042	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAGALLO, MIKE	NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK., NY 11042	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARMAK, JOEL I	NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK, NY 11042	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 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 or 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:  Date: 4/1/07 Daytime Phone #: 516 869 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR