


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90032 006 \*\*\*\*50.00

<b>DOCUMENT # L00000001629</b>	
1. Entity Name <b>MIL-ATLANTIC, LLC</b>	

Principal Place of Business <b>3910 N. 56TH AVE. SUITE 103 HOLLYWOOD, FL 33021</b>	Mailing Address <b>3910 N. 56TH AVE. SUITE 103 HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business - No P.O. Box # <b>3570 NE 191<sup>st</sup> Street</b>	3. Mailing Address <b>3570 NE 191<sup>st</sup> Street</b>
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc. <b>Suite A</b>

City & State <b>Aventura, Florida</b>	City & State <b>Aventura Florida</b>
Zip <b>33180</b>	Country <b>Miami-Dade</b>
Zip <b>33180</b>	Country <b>Miami-Dade</b>

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>65-0989983</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>PEARLMAN, PHILIP 3910 N. 56TH AVE., SUITE 103 HOLLYWOOD, FL 33021</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resetting) DATE \_\_\_\_\_

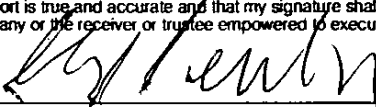
**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

B. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>PEARLMAN, PHILIP</b>	
STREET ADDRESS <b>3910 N. 56TH AVE., SUITE 103</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  4/17/07 3059350900

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