

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002483

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** MILESTONE DELAND MANAGEMENT, LLC

**Current Principal Place of Business:**

350 E. INTERNATIONAL BLVD  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N MILITARY TRAIL  
STE 349  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 94-3355475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDNICK, SANDER  
C/O MILESTONE CAPITAL CORP.  
5835 NW 21ST WAY  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WACHTELL, MICHAEL L  
Address: 601 S. FIGUEROA STREET, SUITE 2400  
City-St-Zip: LOS ANGELES, CA 90017

Title: MGRM ( ) Delete  
Name: MEDNICK, SANDER  
Address: 5835 NW 21ST WAY  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WACHTELL, MICHAEL L  
Address: 1000 WILSHIRE BLVD, SUITE 1500  
City-St-Zip: LOS ANGELES, CA 90017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDER MEDNICK

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date