


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008582 1. Entity Name MILESTONE CARLO CONTRACTING, LLC	
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Principal Place of Business 14165 N. MAIN STREET JACKSONVILLE, FL 32218	Mailing Address 14165 N. MAIN STREET JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2561154	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

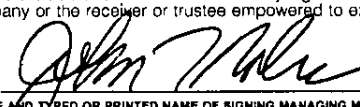
Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATENACCI, JEANIE 45000 RIVER RIDGE DR, STE. 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATENACCI, JOSEPH E 45000 RIVER RIDGE DR., SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS ROBSON, JOHN T 45000 RIVER RIDGE DR., SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000571506
07/20/06-80013-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **7/10/06** **586-416-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #