

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016225

Entity Name: MILWEE ASSOCIATES LLC

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

6278 N. FEDERAL HWY.
#566
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 248
MARY ESTHER, FL

New Mailing Address:

P.O. BOX 650208
VERO BEACH, FL 650208

FEI Number: 65-1067761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRING, BRIAN
21301 TOWN LAKES DRIVE
APT. 1138
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

HERRING, BRIAN
7700 SW 54 CT.
APT. A
MIAMI, FL 33143 US

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: BRIAN A. HERRING

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HERRING, JOHN J
Address: P.O. BOX 248
City-St-Zip: MARY ESTHER, FL 32569

Title: MGRM () Delete
Name: HERRING, BRIAN A
Address: 21301 TOWN LAKES DRIVE, #1138
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERRING, JOHN J
Address: P.O. BOX 650208
City-St-Zip: VERO BEACH, FL 32965

Title: MGRM (X) Change () Addition
Name: HERRING, BRIAN A
Address: 7700 SW 54 CT, APT A
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN J. HERRING

MGRM

01/09/2004

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