

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L01000004782 | |
| 1. Entity Name MILWEL, L.L.C. | |
| Principal Place of Business 6751 PROFESSIONAL PKWY WEST SARASOTA, FL 34240 | Mailing Address 6751 PROFESSIONAL PARKWAY WEST SARASOTA, FL 34240 |



01262004 No Chg-LLC

CR2E083 (10/03)

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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1005189 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|--|-----------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
|--|-----------------------------------|

6. Name and Address of Current Registered Agent

BENJAMIN, ROBERT W ESQ.
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000059241
02/20/04-80073-011 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MILES MEDIA GROUP, INC. 6751 PROFESSIONAL PKWY WEST SARASOTA, FL 34240 |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

William BARTENS
WILLIAM BARTENS

2/2/04

Daytime Phone #

941-342-2300