UNIFORM BUSINESS REPORT (UBR)

FILED

2005 APR 28 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005598

1. Entity Name

MILLANI, L.L.C.

Principal Place of Business	Mailing Address
c/o Robert Admire 2555 Ponce De Leon Blvd Suite 320 Coral Gables, FL 33134	c/o Robert Admire 2555 Ponce De Leon Blvd Suite 320 Coral Gables, FL 33134

2. Principal Place of Business	3. Mailing Address
c/o Robert Admire	c/o Robert Admire
Suite, Apt. #, etc. 2555 Ponce De Leon Blvd Suite 320	Suite, Apt. #, etc. 2555 Ponce De Leon Blvd Suite 320
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip: 33134 / County:	Zip: 33134 / County:

4. FEI Number applied — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent/Office
MARK L. RIVLIN, P.A. 1550 MADRUGA AVE., STE. 120 Coral Gables, FL 33146	Name: Robert Admire, Esq. Street Address (P.O. Box Number is Not Acceptable): 2555 Ponce De Leon Blvd. Suite, Apt. #, etc.: Suite 320 City: Coral Gables **FL** Zip Code: 33134

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.

SIGNATURE _____ Robert Admire, Esq. DATE 4-18-05
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

FILING FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITION/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager HEATHCOTE, WAYNE MAYERTORNE MANOR, LONDON ROAD WENDOVER BUCKINGHAMSHIRE, HP22 6QA, UK ☐DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200054744 28 ☐CHANGE ☐ADDITION 05/18/05--01055--001 **100.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐CHANGE ☐ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04-05 ☐CHANGE ☐ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐CHANGE ☐ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐CHANGE ☐ADDITION

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 _____ Wayne Heathcote, Manager 4/21/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone