

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005598

Entity Name: MILLANI, L.L.C.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

% JOHN G. ADMIRE  
2555 PONCE DE LEON BLVD., SUITE 320  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

% JOHN G. ADMIRE  
2555 PONCE DE LEON BLVD., SUITE 320  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 26-4585900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADMIRE, JOHN G  
2555 PONCE DE LEON BLVD.  
STE. 320  
CORAL GABLES, FL 33134 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: S  
Name: HEATHCOTE, WAYNE  
Address: MANOR FARM HOUSE - NORTHMOOR, OXFORDSHIRE  
City-St-Zip: OX295BA,

Title: MGRM  
Name: SPRING, JENNIFER  
Address: MANOR FARM HOUSE - NORTHMOOR, OXFORDSHIRE  
City-St-Zip: OX295BA,

I hereby 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: WAYNE HEATHCOTE

S

01/04/2011

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