## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 19, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # L02000020516  1. Entity Name MIL INVESTMENTS, LLC			Secretary of State	
Principal Place of Business Mailing Address 5450 S.W. 69 PLACE 5450 S.W. 69 PLACE MIAMI, FL 33155 MIAMI, FL 33155			03222005 No Chg-LLC	
DO NOT WRITE IN THIS SPAC				CE
PEREZ, IS 5450 S.W. MIAMI, FL	69 PLACE_	egistered Agent		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 file if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005				
9. MANAĞİNG MEMBERS/MANAĞERS				
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM PEREZ, ISAAC M MR. 5450 S.W. 69 PLACE MIAMI, FL 33155	S/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP				บนิบิบบน316486 04/19/05-80บ77-บโบ 5ปี.บบี
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 employeed to execute this report as required by Chapter 608, Florida Statutes.				