

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000020516 1. Entity Name MIL INVESTMENTS, LLC	
---	---

Principal Place of Business 5450 S.W. 69 PLACE MIAMI, FL 33155	Mailing Address 5450 S.W. 69 PLACE MIAMI, FL 33155
--	--

DO NOT WRITE IN THIS SPACE



02082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 71-0901168	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

**PEREZ, ISAAC M
5450 S.W. 69 PLACE
MIAMI, FL 33155**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PEREZ, ISAAC M MR. 5450 S.W. 69 PLACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1000000439394
03/01/06-80044-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:  **2-14-06** **9138511484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #