



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90207 035 \*\*\*\*50.00

<b>DOCUMENT # L03000015510</b> 1. Entity Name <b>MILFORD, L.L.C.</b>					
Principal Place of Business <b>105 DUNBAR AVENUE, SUITE H OLDSMAR, FL 34677</b>				Mailing Address <b>105 DUNBAR AVENUE, SUITE H OLDSMAR, FL 34677</b>	
2. Principal Place of Business <b>105 DUNBAR AVE</b> Suite, Apt. #, etc. <b>SUITE D</b>		3. Mailing Address <b>105 DUNBAR AVE</b> Suite, Apt. #, etc. <b>SUITE D</b>			
City & State <b>OLDSMAR FL</b>		City & State <b>OLDSMAR FL</b>		4. FEI Number <b>59-3634174</b>	
Zip <b>34677</b>		Zip <b>34677</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GASSMAN, ALAN 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEAKLEY, DALE E 105 DUNBAR AVENUE, SUITE H OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>105 DUNBAR AVE, SUITE D OLDSMAR FL 34677</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEAKLEY, KENT A 105 DUNBAR AVENUE, SUITE H OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P O BOX 1781 WHITE SALMON WA 98672</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Dale E. Bleakley</u> DALE E. BLEAKLEY 813-855-5704</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					