

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90038 016 ****50.00

DOCUMENT # L03000015510																													
1. Entity Name MILFORD, L.L.C.																													
Principal Place of Business 105 DUNBAR AVENUE SUITE D OLDSMAR, FL 34677			Mailing Address 105 DUNBAR AVENUE SUITE D OLDSMAR, FL 34677																										
2. Principal Place of Business 3870 Tampa Road Suite, Apt. #, etc. Suite E City & State Oldsmar, FL 34677 Zip Country 34677		3. Mailing Address 3870 Tampa Road Suite, Apt. #, etc. Suite E City & State Oldsmar, FL 34677 Zip Country 34677																											
03162005 Chg-LLC CR2E083 (10/03)		4. FEI Number 59-3634174		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GASSMAN, ALAN 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756																									
7. Name and Address of New Registered Agent Name Dale E. Bleakley Street Address (P.O. Box Number is Not Acceptable) 3870 Tampa Rd, Ste E City Oldsmar FL Zip Code 34677				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 <u>Dale E. Bleakley</u> Dale E. Bleakley 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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: Dale E. Bleakley Dale E Bleakley, Manager 4-14-05 813-855-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #