


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90032 046 ****50.00

DOCUMENT # L03000017753					
1. Entity Name MILEMARK DEVELOPMENT, LLC					
Principal Place of Business 2201 W. ATLANTIC AVE. DELRAY BEACH, FL 33445- US			Mailing Address 2201 W. ATLANTIC AVE. DELRAY BEACH, FL 33445 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1883757	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDBURG, RONALD 2201 W. ATLANTIC AVE. DELRAY BEACH, FL 33445			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBURG, RONALD 4680 CHERRY LAUREL LANE DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nucilli, Mark 714 SE 8th Ct. Delray Beach FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBURG, DANIEL 113 NE 7TH ST. DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Goldburg, Brian 4349 Line Oak Delray Beach FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBURG, DANIEL		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	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	