2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000017816

1. Entity Name

LOVÉ MILE MARKER I, LLC



Principal Place of Business

250 WORTH AVENUE PALM BEACH, FL 33480 Mailing Address

250 WORTH AVENUE PALM BEACH, FL 33480

FILED Mar 27, 2008 08:00 AN Secretary of State



02282008 No Chg-LLC

CR2E083 (12/07)

FEI Number	Applied For
05-0571689	Not Applicable
5. Certificate of Status Desired	 \$5.00 Additional

3-6-08

Davime Phone #

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH, FL 33480

the obligations of registered agent.

SIGNATURE

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	·	
TITLE	MGR		U4/U3/U5~5U125~8U6 136.(5
NAME	HANDELSMAN, BURTON		
STREET ADDRESS	250 WORTH AVE		and the second of the second
CITY-ST-ZIP	PALM BEACH, FL 33480	the second secon	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			and the second s
TITLE			
NAME			
STREET ADDRESS		l no i	NOT WRITE
CHTY-ST-ZIP			AOI AAIZIIL
TITLE		in T	HIS SPACE
NAME		The state of the s	IIIO OI AOL
STREET ADDRESS			
CITY-ST-ZIP		. ·	
TITLE		B & C + B	4
NAME			
STREET ADDRESS City-St-Zip			
			·
TITLE			and the second s
NAME CIRCL ADDRESS			A Company of the Comp
STREET ADDRESS City-S1-ZIP			
011 1 - 3 (- 71L	1		

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

UFTON

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

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