

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 002 ****50.00

DOCUMENT # L03000021181					
1. Entity Name MILESTONE, LLC					
Principal Place of Business 3421 NW 20TH AVENUE FORT LAUDERDALE, FL 33309			Mailing Address 3421 NW 20TH AVENUE FORT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 01-0787441 <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip		Country		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		
FERNSTROM, STEPHEN P 3421 NW 20TH AVENUE FORT LAUDERDALE, FL 33309			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 _____ DATE _____ <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	P STEPHEN P. FERNSTROM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHEN P. FERNSTROM	NAME			
STREET ADDRESS	3421 NW 20TH AVE	STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33309	CITY-ST-ZIP			
TITLE	VP AHEED G. KHAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AHEED G. KHAN	NAME			
STREET ADDRESS	246X NW 18TH TER	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP			
TITLE	S ANDREW N. SMITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREW N. SMITH	NAME			
STREET ADDRESS	3421 NW 20TH AVE	STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33309	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Stephen P. Fernstrom</i> STEPHEN P. FERNSTROM		Date 04.28.04		Daytime Phone # 954 547-3458	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					