2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT
DOCUMENT # L03000035573

1. Entity Name
DL MILLING FAMILY, LLC

FILED
May 11, 2005 08:00 AN
Secretary of State

Principal Place of Business

14996 PALMWOOD AVENUE PALM BEACH GARDENS, FL 33410 Mailing Address

14996 PALMWOOD AVENUE PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

03262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0244422

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING, SUITE 102 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

	e named entify submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or b	ooth, in the State of Florida	. I am íamílíar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and file il applicable	(NOTE Registered	Agent signature required when reinstating)		DATE
	iling Fee is \$50.00 ue by May 1, 2005	,			
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				i
NAME	MILLING, LISA .		!		
STREET ADDRESS	14996 PALMWOOD ROAD		ll .		
CITY - ST-ZIP	PALM BEACH GARDENS, FL 33410				}
TITLE	MGR	. Fr		Unnagager	reso
NAME	MILLING, DARREN			ns/11/05-200	923 22-018 50.00
STREET ADDRESS	14996 PALMWOOD ROAD			20111100 00C	FF 010 20*00
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				
TITLE		-			
MAME	{				
STREET ADDRESS	j		D-0	NIOT ME	1

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and according to the same legal effect as it made under oath, that I am a managing member or manager of the limited flability company or the receiver or visitee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:)

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

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

725/05 Davisme Phone II