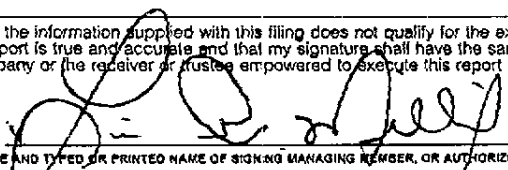


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035573		
1. Entity Name DL MILLING FAMILY, LLC		
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		
6. Name and Address of Current Registered Agent SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING, SUITE 102 PALM BEACH GARDENS, FL 33410		
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 assume the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when reinstating)
Filing Fee is \$50.00 Due by May 1, 2006		U00000524468 05/03/06-80109-020 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLING, LISA 14996 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLING, DARREN 14996 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		x 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # _____

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**