2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035573

1. Entity Name
DL MILLING FAMILY, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

SIGNATURE:

PED OR

RINTED NAME OF SIGNING MANA

Mailing Address

14996 PALMWOOD AVENUE PALM BEACH GARDENS, FL 33410 14996 PALMWOOD AVENUE PALM BEACH GARDENS, FL 33410



04072008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number | | _ | Applied For |
|----------------------------------|----------------|---|---------------------|
| 20-0244422 | | | Not Applicable |
| 5. Certificate of Status Desired | \$5.0 Fee R | | Additional ulred |

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

DO NOT WRITE IN THIS SPACE

| the obligat | ions of registered agent. | | | | |
|--|---|---|---------------------------------------|--|--|
| SIGNATURE. | | : Registered Agent signature required when reinstating) | DATE | | |
| FILE After May | NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | MGRM | : | | | |
| NAME | MILLING, LISA | | | | |
| STREET ADDRESS | 14996 PALMWOOD ROAD | | I telepaseaseaseas | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | U00000895898 | | |
| TITLE | MGR | | 04/24/08-80085-017 138.75 | | |
| NAME | MILLING, DARREN | | | | |
| STREET ADDRESS | 14996 PALMWOOD ROAD | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | | | |
| TITLE | | | | | |
| NAME | | i i | | | |
| STREET ADDRESS | | | NOT WRITE | | |
| CITY-ST-ZIP | | | NOI WAKIIE | | |
| TITLE | | INI | THIS SPACE | | |
| NAME | | 1 113 | THIS SPACE | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | <u>f</u> | | | |
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| NAME | | | | | |
| STREET ADDRESS | | | • | | |
| CITY-ST-ZIP | | | | | |
| TITLE | ling of the state | | | | |
| 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 trastee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |

ING 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