


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041703 1. Entity Name MILANO, L.L.C.	
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Principal Place of Business 4160 WEST 16TH AVENUE, SUITE 402 HIALEAH, FL 33012	Mailing Address 4160 WEST 16TH AVENUE, SUITE 402 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0329812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, JUAN E
4160 WEST 16TH AVENUE, SUITE 402
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNINO, MARCELLO 4160 WEST 16TH AVENUE, SUITE 402 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNINO, MARCELLO 4160 WEST 16TH AVENUE, SUITE 402 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNINO, GIUSEPPE 4160 WEST 16TH AVENUE, SUITE 402 HIALEAH, FL 33012
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01/20/05-80082-012 50.00

**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 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: *Juan E. Valdes* Date: 1/11/05 Daytime Phone #: 351 225-1505