


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90041 033 ***150.00


DOCUMENT # L03000041703

1. Entity Name
MILANO, L.L.C.



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



07122006 No Chg-LLC CR2E083 (11/05)

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 September 6, 2006**

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Juan E Valdes, Registered Agent 7-11-06 305-825-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Juan E. Valdes
Attorney At Law

ATTACHMENT
200491104
L03000041703

4160 West 16th Ave., Suite 402, Hialeah, FL 33012

Tel: (305)825-1985 Fax: (305)825-2948

E-Mail: ValdesJuan@aol.com

July 12, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: NILUX CORPORATION

Dear Sir of Madam:

Enclosed please find 2006 Annual Report, along with check issued to Florida Department of State, in the amount of \$150.00.

We are hereby requesting that the late charge fee be waived due to the fact that the corresponding Annual Report was never received.

Thank you for your cooperation on this matter.

Very truly yours,


JUAN E. VALDES, ESQUIRE

JEV/cc

Enclosures