


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 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



01032007 No Chg-LLC CR2E083 (11/05)

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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

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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 01/09/07-80034-022 50.00

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* Date: 1 2 07 Daytime Phone #: 305-825-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE