


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041703</b>	
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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01042008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

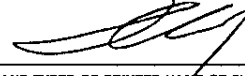
U00000782085  
 01/15/08-80061-004 138.75

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 1 4 08 305-825-1525*

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