2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State 07-18-2005 90110 006 ****50.00

DOCUMENT # L04000004265 THE MIL GROUP, LLC Principal Place of Business Mailing Address 20064433 C/O ACCARDISTANDLEE, LLC 17136 HUNTINGTON PKWY 2240 WOOLBRIGHT RD, STE 317 BOCA RATON, FL 33496 BOYNTON BEACH, FL 33426 3. Mailing Address 2. Principal Place of Business o Arrand Suite, Apt. #, etc. 07112005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number 20 - 064 Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELKIN & ASSOCIATES, P.A. 1489 W PALMETTO PARK RD, STE 497 BOCA RATON, FL 33486 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 abent SIGNATURE registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MIF ☐ Delete TITLE marm ☐ Change Addition NAME NAME William Rosenbera STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Marm NAME NAME Steve nuller STREET ADDRESS STREET ADDRESS Terrace PompanoBeach A 33062 CITY-ST-ZIP CITY_ST_7IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date