


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90063 041 ****50.00

DOCUMENT # L04000004265	
1. Entity Name THE MIL GROUP, LLC	

Principal Place of Business 2240 WOODBRIGHT RD #317 C/O ACCARDISTANDLEE, LLC BOYNTON BEACH, FL 33426	Mailing Address 2240 WOODBRIGHT RD #317 C/O ACCARDISTANDLEE, LLC BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE



04232006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0643337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, STEVE
 1321 NE 27TH TERRACE
 POMPANO BEACH, FL 33062

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.

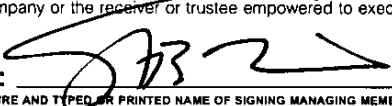
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, WILLIAM 5171 C LAKE CATALINA DR BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, STEVE 1321 NE 27 TERRACE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  4/24/06

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