

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008010

FILED
Feb 22, 2008
Secretary of State

Entity Name: 106 SW MILBURN CIRCLE, LLC

Current Principal Place of Business:

2617 NE 14TH AVE
APT # 307 (WILTON STATION)
OAKLAND PARK, FL 33334 BR

New Principal Place of Business:

Current Mailing Address:

2617 NE 14TH AVE
APT # 307 (WILTON STATION)
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 43-2056209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, GEORGE D
2617 NE 14TH AVE
APT # 307 (WILTON STATION)
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNS, GEORGE D
Address: 2617 NE 14TH AVE, APT #307 WILTON STATION
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGRM () Delete
Name: JOHNS, RITA A
Address: 1802 SE FALLON DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM () Delete
Name: JOHNS, GEORGE A
Address: 1802 SE FALLON DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE D. JOHNS

MGRM

02/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date