

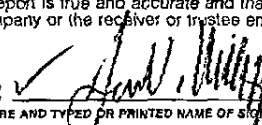
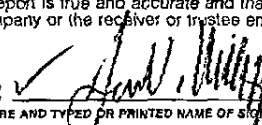
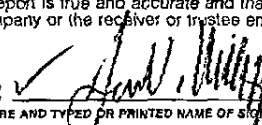


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000035613 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>1. Entity Name</small> MILLOWAY LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Principal Place of Business</small> 8003 FLAGLER CT WEST PALM BEACH, FL 33405 | <small>Mailing Address</small> PO BOX 7388 WEST PALM BEACH, FL 33405-7388 |  01172006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 20-2177352</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table> | <small>4. FEI Number</small> 20-2177352 | <small>Applied For</small> Not Applicable | <small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>6. Name and Address of Current Registered Agent</small> MILLOWAY, JAMES V 8003 FLAGLER CT WEST PALM BEACH, FL 33405 | | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>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.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"><tr><td style="width: 30%;"><small>SIGNATURE</small></td><td style="width: 40%;"><small>(NOTE: Registered Agent signature required when reinstating)</small></td><td style="width: 30%;"><small>DATE</small></td></tr><tr><td colspan="3"><small>Signature, typed or printed name of registered agent and title if applicable</small></td></tr></table> | | | <small>SIGNATURE</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | <small>DATE</small> | <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"><tr><td style="width: 50%;">9. MANAGING MEMBERS/MANAGERS<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td style="width: 85%;"></td></tr><tr><td><small>NAME</small></td><td>MGRM</td></tr><tr><td><small>STREET ADDRESS</small></td><td>MILLOWAY, JAMES V</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>8003 FLAGLER CT WEST PALM BEACH, FL 33405</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr></table></td><td style="width: 50%; text-align: center; vertical-align: middle; padding: 20px;"><div style="text-align: right; margin-bottom: 10px;">1100000462695 03/24/06 80001-013 50.00</div>DO NOT WRITE IN THIS SPACE</td></tr></table> | | | 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td style="width: 85%;"></td></tr><tr><td><small>NAME</small></td><td>MGRM</td></tr><tr><td><small>STREET ADDRESS</small></td><td>MILLOWAY, JAMES V</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>8003 FLAGLER CT WEST PALM BEACH, FL 33405</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr></table> | <small>TITLE</small> | | <small>NAME</small> | MGRM | <small>STREET ADDRESS</small> | MILLOWAY, JAMES V | <small>CITY-ST-ZIP</small> | 8003 FLAGLER CT WEST PALM BEACH, FL 33405 | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | <div style="text-align: right; margin-bottom: 10px;">1100000462695 03/24/06 80001-013 50.00</div> DO NOT WRITE IN THIS SPACE |
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| <small>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.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE: </td><td style="width: 40%; text-align: right;">3/13/06</td></tr><tr><td style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></td><td style="text-align: center;"><small>Date</small></td></tr></table> | | | SIGNATURE:  | 3/13/06 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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