

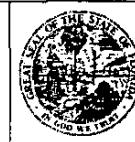
**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jun 16, 2008 8:00 am
Secretary of State**

06-16-2008 90145 021 ***138.75

DOCUMENT # L04000066279

1. Entity Name
MILAN CENTER, LLC



Principal Place of Business 7117 PELICAN BAY 1508 NAPLES, FL 34108		Mailing Address C/O BLUNDEN & ASSOCIATES, P.C. 14600 FARMINGTON RD., SUITE 105 LIVONIA, MI 48154	
2. Principal Place of Business - No P.O. Box # 300 5th Ave S.		3. Mailing Address Suite, Apt. #, etc. Suite 221	
City & State Naples, FL		City & State	
Zip 34102	Country	Zip	Country

6. Name and Address of Current Registered Agent RAHIM, MAHMOUD 7117 PELICAN BAY 1508 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name RAHIM, MAHMOUD Street Address (P.O. Box Number is Not Acceptable) 300 5th Ave. S. #221	
		City Naples	
		FL	Zip Code 34102

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resuming)

DATE

5/20/08

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAHIM, MAHMOUD 7117 PELICAN BAY, #1508 NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 5th Ave S #221 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABDULHUSSAIN, RAYA H 7117 PELICAN BAY, #1508 NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 5th Ave S #221 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/20/08 2489433124