

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90164 049 \*\*\*\*50.00



**DOCUMENT # L04000081398**

1. Entity Name

**MIKE THE MILKMAN, L.L.C.**

Principal Place of Business  
**16590 107TH DRIVE NORTH**  
**JUPITER FL 33478**

Mailing Address  
**16590 107TH DRIVE NORTH**  
**JUPITER FL 33478**

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**20-1889594**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOME, WILLIAM R.H.**  
**1818 AUSTRALIAN AVENUE S, SUITE 202**  
**WEST PALM BEACH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

*Pd 2-10-05*  
*ck # 1032*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LOMBARDO, MICHAEL</b>	
STREET ADDRESS	<b>16590 107TH DRIVE NORTH</b>	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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.

SIGNATURE: *Michael Lombardo* **MICHAEL LOMBARDO** **2-10-05** **561436 4254 @**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #