


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90419 049 \*\*\*\*50.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L05000008535</b>  |  |  |   |  |  |
| <b>1. Entity Name</b><br>MILTON WILTON ASSOCIATES, LLC  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>1933 COLD CANYON ROAD<br>CALABASSAS, CA 91302   |  |  | <b>Mailing Address</b><br>1933 COLD CANYON ROAD<br>CALABASSAS, CA 91302 |   |  |
| <b>2. Principal Place of Business</b>   |  |  | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |   |  |
| City & State  |  |  | City & State  |   |  |
| Zip   |  | Country  |   | Zip   |  |
| Country   |  | Country  |   | 02092006    Chg-LLC    CR2E083 (11/05)  |  |
| <b>4. Filing Number</b><br>20-2274099   |  |  |   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331   |  |  | <b>7. Name and Address of New Registered Agent</b>                      |   |  |
| Name  |  |  | Name  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  | Street Address (P.O. Box Number is Not Acceptable)                      |   |  |
| City  |  |  | City  |   |  |
| FL  |  |  | Zip Code  |   |  |
| <b>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.</b>  |  |  |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  | <b>Make check payable to Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br>MANAGER   | <b>NAME</b><br>HOWARD SAFENOWITZ           | <input type="checkbox"/> Delete                          | <b>TITLE</b><br>MANAGER   | <b>NAME</b><br>HOWARD SAFENOWITZ  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>1933 Cold Canyon Road  | <b>CITY-ST-ZIP</b><br>CALABASSAS, CA 91302 | <input type="checkbox"/> Delete                          | <b>STREET ADDRESS</b><br>1933 Cold Canyon Road                          | <b>CITY-ST-ZIP</b><br>CALABASSAS, CA 91302  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP       | <input type="checkbox"/> Delete                          | <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP       | <input type="checkbox"/> Delete                          | <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP       | <input type="checkbox"/> Delete                          | <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP       | <input type="checkbox"/> Delete                          | <b>TITLE</b><br>NAME  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> _____   |  |  | Date: 2/29/06    818-222-5862   |   |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |   |  |