2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000008535

1. Entity Name

MILTON WILTON ASSOCIATES, LLC



FILED Jan 25, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1933 COLD CANYON ROAD CALABASSAS, CA 91302

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1933 COLD CANYON ROAD CALABASSAS, CA 91302



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2274099 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331

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11201011,	12 33331	-		
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, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).				
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR SAFENOWITZ, HOWARD 1933 COLD CANYON ROAD CALABASAS, CA 91302		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000796429 01/29/08-80033-014	138.75
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TITLE NAME STREET AODRESS CITY-ST-ZIP		·	N THIS SPACE	
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 project empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZ

1/21/04

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Daytima P