

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017425

FILED
Apr 18, 2006
Secretary of State

Entity Name: LAW OFFICE OF JOHN W. MILEFF, L.L.C.

Current Principal Place of Business:

8140 COLLEGE PARKEWY, SUITE 103
FT. MYERS, FL 33919

New Principal Place of Business:

8192 COLLEGE PARKWAY
SUITE B-49
FT. MYERS, FL 33919

Current Mailing Address:

8140 COLLEGE PARKEWY, SUITE 103
FT. MYERS, FL 33919

New Mailing Address:

8192 COLLEGE PARKWAY
P.O. BOX C-5
FT. MYERS, FL 33919

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILEFF, JOHN W
8140 COLLEGE PARKEWY, SUITE 103
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

MILEFF, JOHN W
8140 COLLEGE PARKEWY
SUITE 104
FT. MYERS, FL 33919 US

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.

SIGNATURE: JOHN W MILEFF

04/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILEFF, JOHN W
Address: 8140 COLLEGE PARKEWY, SUITE 103
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILEFF, JOHN W
Address: 8192 COLLEGE PARKEWY, SUITE B-49
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN W MILEFF

MGRM

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date