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Jul 25, 2006 8:00 am
Secretary of State
07-25-2006 90085 039 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05000028266

1. Entity Name
MILAN ASSOCIATES LLC

20050412

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
120 W. 23rd Street	c/o Murray Frank 111 Great Neck Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 308
City & State New York, NY 10011	City & State Great Neck, NY
Zip 10011 / Country USA	Zip 11021 / Country USA

4. FEI Number
13-3676278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: United Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 9200 So. Dadeland Blvd.
Suite 508
City: Miami FL Zip Code: 33156

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Arthur Minerof 120 West 23rd Street New York, NY 10011	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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.

ARTHUR MINEROF

SIGNATURE: _____ 7/20/06 (212) 809-7644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #