

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:59

<b>DOCUMENT # L05000028946</b>					
<b>1. Entity Name</b> LONMILLS, L.L.C.				<b>Principal Place of Business</b> 513 WHITEHEAD STREET KEY WEST, FL 33040	
<b>Mailing Address</b> 513 WHITEHEAD STREET KEY WEST, FL 33040				<b>2. Principal Place of Business</b> 403 Whitehead St.	
<b>3. Mailing Address</b> P.O. Box 1367				<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b> Key West, FL				<b>City &amp; State</b> Key West, FL	
<b>Zip</b> 33040				<b>Country</b>	
<b>4. FEI Number</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  MILLIGAN, CHARLES M 513 WHITEHEAD STREET KEY WEST, FL 33040				<b>7. Name and Address of New Registered Agent</b> Name <u>Charles M. Milligan</u> Street Address (P.O. Box Number is Not Acceptable) <u>403 Whitehead St.</u> City <u>Key West</u> <u>FL</u> <u>33040</u>	
<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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLIGAN, CHARLES M 513 WHITEHEAD STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Milligan, Charles M. 403 Whitehead St. Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LON HARVEY 30 BLUEWATER DRIVE KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080002876 09/20/06--01052--018 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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> _____ SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					