

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028946

Entity Name: LONMILLS, L.L.C.

FILED  
Jan 19, 2007  
Secretary of State

## Current Principal Place of Business:

403 WHITEHEAD ST  
KEY WEST, FL 33040

## New Principal Place of Business:

30 BLUEWATER DRIVE  
KEY WEST, FL 33040

## Current Mailing Address:

PO BOX 1367  
KEY WEST, FL 33041

## New Mailing Address:

30 BLUEWATER DRIVE  
KEY WEST, FL 33040

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MILLIGAN, CHARLES M  
513 WHITEHEAD STREET  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

MILLIGAN, CHARLES M  
403 WHITEHEAD STREET  
KEY WEST, FL 33040 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:

01/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MILLIGAN, CHARLES M  
Address: 403 WHITEHEAD ST  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: JOHNSON, LON HARVEY  
Address: 30 BLUEWATER DRIVE  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JOHNSON, LON H  
Address: 30 BLUEWATER DRIVE  
City-St-Zip: KEY WEST, FL 33040

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: CHARLES M. MILLIGAN

MGRM

01/19/2007

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