

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90031 038 \*\*\*\*50.00

**DOCUMENT # L05000044677**

1. Entity Name  
**MILTON ONE, L.L.C.**



Principal Place of Business  
**25 WATER MARTIN RD. NE, STE. 101  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**25 WATER MARTIN RD. NE, STE. 101  
FORT WALTON BEACH, FL 32548**

2. Principal Place of Business  
**909 Mar Walt Drive**

3. Mailing Address  
**909 Mar Walt Drive**

Suite, Apt. #, etc.  
**Suite 1014**

Suite, Apt. #, etc.  
**Suite 1014**

City & State  
**Ft. Walton Beach, FL 32547**

City & State  
**Ft. Walton Beach, FL 32547**

Zip  
**32547**

Country  
**Okaloosa**

Zip  
**32547**

Country  
**Okaloosa**



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2809952**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PETERMANN, RICHARD P  
25 WATER MARTIN RD. NE, STE. 101  
FORT WALTON BEACH, FL 32548**

**7. Name and Address of New Registered Agent**

Name  
**Petermann, Richard P.**

Street Address (P.O. Box Number is Not Acceptable)  
**909 Mar Walt Drive**

**Suite 1014**

City  
**Ft. Walton BEach**

**FL**

Zip Code  
**32547**

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPPAS, JEFFREY J 25 WATER MARTIN RD. NE, STE. 101 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pappas, Jeffrey J. 909 Mar Walt Dr., Suite 1014 Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/12/06**

Date

**(850) 863-4064**

Daytime Phone #