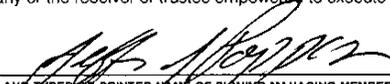


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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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 Suite, Apt. #, etc. Suite 1014		3. Mailing Address 909 Mar Walt Drive 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
4. FEI Number 20-2809952		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____		4/12/06 DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		4/12/06 (850) 863-4064	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	