2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049719

9050 PINES BOULEVARD, SUITE 455

PEMBROKE PINES, FL 33024 US

Address:

City-St-Zip:

Entity Name: MILLTRANI MANAGEMENT INTERNATIONAL LLC

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9050 PINES BOULEVARD SUITE 455 PEMBROKE PINES, FL 33024 US **New Mailing Address: Current Mailing Address:** 9050 PINES BOULEVARD SUITE 455 PEMBROKE PINES, FL 33024 US FEI Number: 20-2863364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERON, MICHAEL A 9050 PIŃES BOULEVARD SUITE 455 PEMBROKE PINES, FL 33024 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HERON, MICHAEL A Name: Name: Address: 9050 PINES BOULEVARD, SUITE 455 Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HERON, GEORGE A Name: Address: 9050 PINES BOULEVARD, SUITE 455 Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition LENDOR, RICHARD MARTIN-HERON, MICHELLE D Name: Name: 9050 PINES BOULEVARD, SUITE 455 Address: Address: 9050 PINES BLVD, SUITE 455 City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: PEMBROKE PINES, FL 33024 Title: MGR (X) Delete Title: () Change () Addition Name: HERON, MICHELLE Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MANAGING MEMBER MGR 04/19/2008