

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056388

FILED
Jul 07, 2008
Secretary of State

Entity Name: MILAN GROUP, LLC

Current Principal Place of Business:

444 BRICKELL AVENUE, SUITE 418
MIAMI, FL 33131

New Principal Place of Business:

444 BRICKELL AVENUE, SUITE 224
MIAMI, FL 33131

Current Mailing Address:

444 BRICKELL AVENUE, SUITE 418
MIAMI, FL 33131

New Mailing Address:

444 BRICKELL AVENUE, SUITE 224
MIAMI, FL 33131

FEI Number: 20-2980254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

VILLAMIZAR, ALEJANDRO
444 BRICKELL AV
224
MIAMI, FL 33131 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: ALEJANDRO VILLAMIZAR

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VILLAMIZAR, ALEJANDRO
Address: 444 BRICKELL AVENUE, SUITE 418
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VILLAMIZAR, ALEJANDRO
Address: 444 BRICKELL AVENUE, SUITE 224
City-St-Zip: MIAMI, FL 33131

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.

SIGNATURE: ALEJANDRO VILLAMIZAR

MGR

07/07/2008

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