

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90418 025 \*\*\*\*55.00

**20010576**



02132006 Chg-LLC CR2E083 (11/05)

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L05000060017</b><br>1. Entity Name<br><b>MILETICH CONSULTING, LLC</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>4947 SHANNON LAKES E</b><br><b>TALLAHASSEE, FL 32309 US</b>  |   |  | Mailing Address<br><b>4947 SHANNON LAKES E</b><br><b>TALLAHASSEE, FL 32309 US</b>   |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   |  |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>EIN 20-3014369</b>   |  |
|  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
|  |   |  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MILETICH, JANE</b><br><b>4947 SHANNON LAKES E</b><br><b>TALLAHASSEE, FL 32309</b>  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br><b>MILETICH, ROBERT</b><br><b>4947 SHANNON LAKES E</b><br><b>TALLAHASSEE, FL 32309</b> | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br><b>MILETICH, JANE</b><br><b>4947 SHANNON LAKES E</b><br><b>TALLAHASSEE, FL 32309</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |  |  |
| <b>SIGNATURE:</b>  |   | <b>Robert Miletich</b>   |   | <b>23 Feb 06</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date   |   | Daytime Phone #  |  |