2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/20

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-20-2006 90143 038 ****50.00

DOCUMENT # L05000071148

1. Entity Name
CL MILLIGAN, LLC

Principal Place of Business	Mailing Address
2605 HERMITAGE BLVD. VENICE, FL 34292	2605 HERMITAGE BLVD. VENICE, FL 34292

30002003

01172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2605 Hermitage Blvd	2605 Hermitage Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, Florida	City & State: Venice, Florida
Zip: 34292 Country: USA	Zip: 34292 Country: USA

4. FEI Number 232-48-3940 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, KATHERINE L ESQ
ICARD, MERRILL, CULLIS, TIMM, FUREN ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Managing Member Charles L. Milligan 2605 Hermitage Blvd. Venice, Fl. 34292 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Charles L Milligan Charles L. Milligan 2-15-06 941-485-8403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

30002003

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

CL MILLIGAN, LLC
2605 HERMITAGE BLVD.
VENICE, FL 34292

Subject: **CL MILLIGAN, LLC**

Reference Number: **L05000071148**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION