


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90213 042 ****50.00

DOCUMENT # L05000071152		
1. Entity Name CE MILLIGAN, LLC		

Principal Place of Business 2605 HERMITAGE BLVD. VENICE FL 34292	Mailing Address 2605 HERMITAGE BLVD. VENICE FL 34292
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2. Principal Place of Business - No P.O. Box # 2605 Hermitage Blvd Suite, Apt. #, etc.	3. Mailing Address 2605 Hermitage Blvd. Suite, Apt. #, etc.
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City & State Venice, Florida	City & State venice, Florida
Zip 34292	Country USA

4. FEI Number 23-2485533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 <i>address change</i>	
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7. Name and Address of New Registered Agent Name Katherine L. Smith, P.A. Street Address (P.O. Box Number is Not Acceptable) 715 N. Washington Blvd. Suite B City Sarasota FL Zip Code 34236	
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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 restate) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILLIGAN, CLARE E. 2605 HERMITAGE BLVD. VENICE FL 34292 <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
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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 Section 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: *Clare E. Milligan* Clare E. Milligan 3-5-07 941-485-8403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #