

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119817

Entity Name: MILTON & RHODES, PLLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

4325 B LAFAYETTE STREET
MARIANNA, FL 342246

New Principal Place of Business:

4325 A LAFAYETTE STREET
MARIANNA, FL 342246

Current Mailing Address:

POST OFFICE BOX 1591
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 20-3958565 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:

MILTON, ALBERT C
4325B LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

MILTON, ALBERT C
4325A LAFAYETTE STREET
MARIANNA, FL 32446 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: ALBERT C. MILTON

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILTON, A. CLAY
Address: 4325 B LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 342246

Title: MGRM () Delete
Name: RHODES, REGINALD A
Address: 200 PARKWEST CIRCLE, SUITE 3
City-St-Zip: DOTHAN, AL 36303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: A. CLAY MILTON

MGRM

05/01/2008

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