

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

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05-18-2007 90222 019 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                 |                                                                                                                                      |                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000044004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                 |                                                                                                                                      |         |  |
| 1. Entity Name<br><b>MILLIGAN DEVELOPMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                 |                                                                                                                                      |                                                                                          |  |
| Principal Place of Business<br><b>786 BEAL PKWY. N.W.<br/>SUITE 3B<br/>FT. WALTON BEACH, FL 32547</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                 | Mailing Address<br><b>786 BEAL PKWY. N.W.<br/>SUITE 3B<br/>FT. WALTON BEACH, FL 32547</b>                                            |                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                 | 3. Mailing Address                                                                                                                   |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                 | Suite, Apt. #, etc.                                                                                                                  |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                 | City & State                                                                                                                         |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                             | Zip                             | Country                                                                                                                              | 4. FEI Number<br><b>01-0863508</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                 |                                                                                                                                      | Applied For<br><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<br><b>DAHER, ESTEPHAN M<br/>786 BEAL PKWY. N.W.<br/>SUITE 3B<br/>FT. WALTON BEACH, FL 32547</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                 |                                                                                                                                      |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                 |                                                                                                                                      | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                 | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM -<br/>DAHER, ESTEPHAN M<br/>786 BEAL PKWY. N.W. SUITE 3B<br/>FT. WALTON BEACH, FL 32547</b> | <input type="checkbox"/> Delete | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>MARLER, CLARENCE O<br/>134 COUNTRY CLUB DR. W.<br/>DESTIN, FL 32541</b>                  | <input type="checkbox"/> Delete | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>SHAMIEH, FAYEZ K<br/>3334 PORTRUSH DR.<br/>LAKE CHARLES, LA 70605</b>                    | <input type="checkbox"/> Delete | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>Kevin Tingle<br/>4490 Parkwood Square<br/>Niceville, FL 32578</b>                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     | <input type="checkbox"/> Delete | 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"/> Delete | 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 606, Florida Statutes. |                                                                                                     |                                 |                                                                                                                                      |                                                                                          |  |
| SIGNATURE: <u>Stephan M. Daher</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                 | 4-26-07 850-863-3993                                                                                                                 |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                 | Date Daytime Phone #                                                                                                                 |                                                                                          |  |