

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067212

FILED
Apr 30, 2008
Secretary of State

Entity Name: WM.MILLWARD THOMAS CONROY THREE MILE DOCUMENTATION, LLC

Current Principal Place of Business:

2199 DATE PALM ROAD
BOCA RATON, FL 33432 US

New Principal Place of Business:

20 ROYAL PALM WAY
20-606
BOCA RATON, FL 33432 US

Current Mailing Address:

2199 DATE PALM ROAD
BOCA RATON, FL 33432 US

New Mailing Address:

20 ROYAL PALM WAY
20-606
BOCA RATON, FL 33432 US

FEI Number: 20-5058038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLWARD, WILLIAM
20 ROYAL PALM WAY
SUITE 20-606
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

RAYSON, JOHN C
2400 E. OAKLAND PARK BLVD.
SECOND FLOOR
FORT LAUDERDALE, FL 33306 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: JOHN C. RAYSON

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLWARD, WILLIAM
Address: 20 ROYAL PALM WAY SUITE 20-606
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM () Delete
Name: CONROY, THOMAS
Address: PH2 99 SE MIZNER BLVD.
City-St-Zip: BOCA RATON, FL 33432 US

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: WILLIAM MILLWARD

MGRM

04/30/2008

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