## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000077759**

1. Entity Name

MILLS DEVELOPMENT, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

800 EIGHTH STREET VERO BEACH, FL 32962 Mailing Address

800 EIGHTH STREET VERO BEACH, FL 32962



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC 0

CR2E083 (12/07)

4. FEI Number 20-8625156

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, WILLIAM B 800 EIGHTH STREET VERO BEACH, FL 32962 DO NOT WRITE IN THIS SPACE

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 aignature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000911219 05/07/08-80031-017 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MILLS, JAMES W
STREET ADDRESS	800 EIGHTH STREET
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MGRM
NAME	MILLS, WILLIAM B
STREET ADDRESS	800 EIGHTH STREET
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the ex	

DO NOT WRITE IN THIS SPACE

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-189008

722.562.0018

Daytime Phone i