2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

DOCUMENT # L06000117830 1. Entity Name MILANOS AT JAX BEACH LLC							01-15-2008	90016 031 ***	*138.75	
Principal Place of Business 325 9TH AVE NORTH JACKSONVILLE BEACH, FL 32250 US			Mailing Address 325 9TH AVE NORTH JACKSONVILLE BEACH, FL 32250 US				JUUUUV			
				, FL 32,	250 05					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			1111211111				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042008	Chg-LLC	CR2E083 (12/06))	
City & State			City & State			4. FEI Num	3029589	/	pplied For of Applicable	
Zip	•	Country Zip		Country		5. Certificat	e of Status Desired	S5.00 Ac	iditional ed	
6. Name and Address of Current R			Registered Agent	red Agent Name		7. Name an	d Address of New Ro	gistered Agent	3	
HAMZA, IRFAN									·	
325 9TH AVE NORTH JACKSONVILLE BEACH, FL 32250			Street Addres		s (P.O. Box Numi	ber is Not Acceptable)				
					Clty			FI Zip Coo	te	
B. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or regis	tered agent, or b	oth, in the State of Flor		, and accept	
signature: 11 / 108										
SIGNATURE Strugture, offered or printed mights of registered agent and othe 6 applications / [NOTE: Projugitive displaced when reinstalling) DATE										
		FEE IS \$138.75 Fee will be \$538.75				1	1	check payable to Department of Stat	te	
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/C	HANGES		
TIFLE NAME	MGR HAMZA, I	DEAN	Delate	TITL				☐ Change	Addition	
STREET ACCURESS CITY-ST-ZEP	322 LAKE	EFFIE CT S		STREET ADDRESS CITY-ST-7IP						
TITLE	JACKSONVILLE, FL 32277		☐ Defete	TITLE				☐ Change	☐ Addition	
NAME		NAI -		NAM	E					
STREET ADDRESS CITY-ST-ZIP				STREET ACCRESS CITY-S1-ZIP						
TITLE		•	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS		•	STRE		ET ADORESS				1	
CITY-ST-ZIP			Delete	inu	-ST-ZIP	·		☐ Change	- Addition	
MAME STREET ADDRESS				NAM	-					
CITY-ST-ZIP					ET ADORESS -ST-78P				ĺ	
TITLE			☐ Detete	TITLE	ľ			☐ Change	Addition	
NAME Street Adoress				STRE	ET ADORESS					
CITY-ST-ZIP				CITY	-S1-2P			·		
TITLE			TITLE	1			Change	Addition		
STREET ADDRESS City-St-Zip				STRE	ET ADORESS -ST-ZIP					
11. I hereby certify that the information supplied with this filling 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.										
CIANIA	IIDE.									