

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-14-2008 90075 041 ***138.75

DOCUMENT # L07000010682 1. Entity Name MILAN MHP, LLC					
Principal Place of Business 510 GATLIN AVE ORLANDO, FL 32806			Mailing Address 510 GATLIN AVE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address PO Box 560219			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State Orlando		4. FBI Number 20-8346812	
Zip 		Zip 32856		Country Orange	
5. Name and Address of Current Registered Agent GRADY, JAMIE F <i>Jamie Grady-Smith</i> 510 GATLIN AVE ORLANDO, FL, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Jamie Grady-Smith</i> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME GRADY, JAMIE F		☐ Delete		
STREET ADDRESS 510 GATLIN AVE	CITY-ST-ZIP ORLANDO, FL 32806		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ 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 608, Florida Statutes.					
SIGNATURE: <i>Jamie Grady-Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

30001595



02052008 Chg-LLC CR2E083 (12/06)

4. FBI Number
20-8346812 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 *Jamie Grady-Smith* (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME GRADY, JAMIE F		☐ Delete		
STREET ADDRESS 510 GATLIN AVE	CITY-ST-ZIP ORLANDO, FL 32806		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: *Jamie Grady-Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #