

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020788

FILED
Jun 04, 2009
Secretary of State

Entity Name: S & S MILTON LLC

Current Principal Place of Business:

14502 N. DALE MABRY ROAD
SUITE 333
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

14502 N. DALE MABRY ROAD
SUITE 333
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 20-8546889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHWARTZ, JONATHAN
14502 N DALE MALORY HWY STE 333
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TANDEM DEVELOPMENT HOLDCO, LLC
Address: 14502 N. DALE MABRY ROAD, SUITE 333
City-St-Zip: TAMPA, FL 33618 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: SCHWARTZ, JONATHAN
Address: 14502 N. DALE MABRY ROAD, SUITE 333
City-St-Zip: TAMPA, FL 33618 US

Title: MGMR () Change (X) Addition
Name: SCHERTZ, PAUL
Address: 14502 N DALE MARBY SUITE 333
City-St-Zip: TAMPA, FA 33618

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: PAUL SCHERTZ

MGMR

06/04/2009

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