




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90029 040 ***138.75

DOCUMENT # L07000118841					
1. Entity Name MILLSTONE-OLP, LLC					
Principal Place of Business 3030 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FL 32257			Mailing Address 3030 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box # 3030 Hartley Road		3. Mailing Address 3030 Hartley Road			
Suite, Apt. #, etc. Suite 350		Suite, Apt. #, etc. Suite 350			
City & State Jacksonville FL		City & State Jacksonville FL			
Zip 32257		Zip 32257			
Country Duval		Country Duval		03142008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-1482990				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent NEWTON, CLIFFORD B C/O CLIFFORD B. NEWTON, P.A. 10192 SAN JOSE BLVD. JACKSONVILLE, FL 32257			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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM		
			Pinnacle Real Estate Investments, LLC		
			3030 Hartley Road, Suite 350		
			Jacksonville, FL 32257		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 4/15/08 Daytime Phone # 904-262-4443		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					