File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FEORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY -3 PH 12: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002271 1a. Principal Place of Business Address MILO ENTERPRISES LLC 9977 WESTVIEW DRIVE, APT. 110 9977 WESTVIEW DRIVE, APT. 11 CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10/15/1998 4. FF (Mooble) FLSuite, Api #, elc Stiffe, Apt. #, etc. City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired LCountry \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office MASSA, MIKE Street Address (P.O. Box Number is Not Acceptable) 9977 WESTVIEW DRIVE, APT. 110 CORAL SPRINGS FL 33076 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Bit gratered Agent Aurephrig Appendition). (CESTE To gratered Agent agon true responsed when cover storage 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR MASSA, MIKE 9977 WESTVIEW DRIVE, APT. CORAL SPRINGS FL MGR 9977 WESTVIEW DRIVE, APT. LASSA, LORI CORAL SPRINGS FL 70dinin2871887---5 -05/1/99--01083--024_ ****188.75 ****188.75 11 The hereby certify that the information supplied, with this filing does not qualify for the exemption stated in Section 119 07(3) (r), Florida Statutes. Thirther certify that the information and had my signature shall have the same logal effect as if made under oath, that I am a managing member or manager of the sphosered to effect this report as required by Chapler 608, Florida Statutes, and that my name appears in Block 10, or on an

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SIGNATURE:

indicated on this annual report is true and limited liability company or the receivattachment with an address

IL OF SIGNORY MANAGING MEMORITECIS (CMIAGI III