
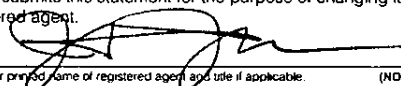
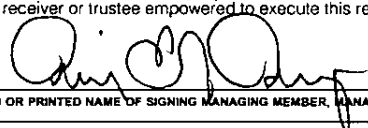


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG -5 AM 10:46

DOCUMENT # M03000001435					
1. Entity Name MILESTONE PARTNERS, LLC					
Principal Place of Business 1415 PANTHER LANE NAPLES, FL 34109			Mailing Address 1415 PANTHER LANE NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 110 Woodland Ave.		3. Mailing Address Same as 2.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lexington, KY		City & State		4. FEI Number 57-1092981	
Zip 40502		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCMAHON, JAMES 1415 PANTHER LANE NAPLES, FL 34108				7. Name and Address of New Registered Agent Name: Joseph Jaffe Street Address (P.O. Box Number is Not Acceptable): 660 TAMiami Tr N Suite 81 City: Naples FL Zip Code: 34102	
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:  DATE: 7/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MM NAME JAFJE, JOSEPH STREET ADDRESS 660 TAMiami TRAIL N CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE MM NAME Timothy E.N. Terry STREET ADDRESS 110 Woodland Ave. CITY-ST-ZIP Lexington, KY 40502	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME MCMAHON, JAMES P STREET ADDRESS 31780 GARDENA AVE CITY-ST-ZIP AVON PARK, FL 44012	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 7.25.08 Daytime Phone #: 859-231-6580		
REINSTATEMENT 2007-08					