

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90038 029 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                 |                                                                       |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # M07000006890</b><br>1. Entity Name<br><b>AESTRUST-MILTON FLA, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |                                 |                                                                       |                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>9080 SANTA MONICA<br/>LOS ANGELES, CA 90069</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                 | Mailing Address<br><b>9080 SANTA MONICA<br/>LOS ANGELES, CA 90069</b> |                                                                                                                                      |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                                                                                                      |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                 | City & State                                                          |                                                                                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 | Country                         |                                                                       | Zip                                                                                                                                  |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | Country                         |                                                                       | 4. FEI Number<br>04232008 Chg-LLC CR2E083 (12/06)                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                 |                                                                       | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                           |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>NRAI SERVICES, INC.<br/>2731 EXECUTIVE PARK DRIVE, SUITE 4<br/>WESTON, FL 33331</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                 |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                 |                                                                       |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                 |                                                                       | Make check payable to<br>Florida Department of State                                                                                 |                                                                   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                 | <b>10. ADDITIONS / CHANGES</b>                                        |                                                                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>STEVENS, ANDREW<br/>9080 SANTA MONICA<br/>LOS ANGELES, CA 90069</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                 |                                 |                                                                       |                                                                                                                                      |                                                                   |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                 | 04/23/08 310/278-4900                                                 |                                                                                                                                      |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                 | Date Daytime Phone #                                                  |                                                                                                                                      |                                                                   |