


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # M07000006979 1. Entity Name MILTON II MOB OWNERS LLC |  |
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| Principal Place of Business 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418 | Mailing Address 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418 |
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 83-0498644 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PIERCE, THOMAS K 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILTON II MOB MANAGER LLC 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418 |
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U00000932851
 05/22/08-80070-025 138.75

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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: 4/23/08 Daytime Phone #: 561-691-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE