

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001618

FILED
Apr 07, 2005
Secretary of State

Entity Name: MILLS MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

2525 WALNUT HILL LN
DALLAS, TX 75229

New Principal Place of Business:

Current Mailing Address:

1800 WEST LOOP SOUTH
SUITE 500
HOUSTON, TX 77027

New Mailing Address:

FEI Number: 52-2095984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH ONE ISLAND ROAD
PLANTATIONA, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MILLS ELECTRICAL CON, TRACTORS, INC.
Address: 2525 WALNUT HILL LN
City-St-Zip: DALLALS, TX 75229

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CURTIN, SHERYL
Address: 1800 WEST LOOP SOUTH, SUITE 500
City-St-Zip: HOUSTON, TX 77027

Title: MGRM () Change (X) Addition
Name: LEWEY, ROBERT W
Address: 1800 WEST LOOP SOUTH, SUITE 500
City-St-Zip: HOUSTON, TX 77027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT W. LEWEY

MGRM

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date