

2001 UNIFORM BUSINESS REPORT (UBR)

1002969 IN

DOCUMENT # L00000006663

1. Entity Name
MILLENNIUM FINANCE LLC

FILED

2001 MAY -2 PM 12: 28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
SOE SERVICES AG. ALFRED ESCHERSTR 9
POSTFACH. CH 8027. ZURICH
SWITZERLAND

Mailing Address
SOE SERVICES AG. ALFRED ESCHERSTR 9
POSTFACH. CH 8027. ZURICH
SWITZERLAND

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
46 Kilpatrick Stockton LLP
Suite, Apt. #, etc.
1100 Peachtree St, Ste 2800
City & State
Atlanta, GA
Zip
30309

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004325906--2
-05/29/01--01132--001
****600.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER KATHARINA FEUZ SAME AS PRINCIPAL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER FAZITA INVESTMENTS, INC. SAME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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 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 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: *Neel F. ...* 5/1/01 (644) 815-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)