

**2002 UNIFORM BUSINESS REPORT (UBR)**

000145

DOCUMENT # **L00000006663**

1. Entity Name  
**MILLENNIUM FINANCE LLC**

FILED  
02 MAY -7 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**938285**

Principal Place of Business Mailing Address  
SQE SERVICES AG, ALFRED ESCHERSTR 9 C/O KILPATRICK STOCKTON LLP  
POSTFACH. CH 8027. ZURICH 1100 PEACHTREE ST STE 2800  
SWITZERLAND ATLANTA GA 30309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number ~~APPLIED FOR~~  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MEM FEUZ, KATHARINA**  
STREET ADDRESS **SQE SERVICES AG, ALFRED ESCHERSTR 9**  
CITY-ST-ZIP **SWITZERLAND**

TITLE  Change  Addition  
NAME **AL**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MEM FAZITA INVESTMENTS INC**  
STREET ADDRESS **SQE SERVICES AG, ALFRED ESCHERSTR 9**  
CITY-ST-ZIP **SWITZERLAND**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: [Signature] **PROCESSED** Date: 4/02/02 Daytime Phone #: 704-815 6609

CR2E083 (9/01)