


FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91811 029 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000006663

1. Entity Name
MILLENNIUM FINANCE LLC



44003353

Principal Place of Business
 SQE SERVICES AG, ALFRED ESCHERSTR 9
 POSTFACH, CH 8027, ZURICH
 SWITZERLAND,

Mailing Address
 C/O KILPATRICK STOCKTON LLP
 1100 PEACHTREE ST STE 2800
 ATLANTA, GA 30309



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number Applied For
 Not Applicable

Zip

Country

Zip

Country

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 32301-2625

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!!! FEES: \$50.00
 MAKE CHECK PAYABLE TO Florida Department of State
 C/O 004 BY MAIL 7-2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE Change Addition

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

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 holder or holder employed to prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **NEIL O. FALIS** 4-22-03 (404) 815-6609

CRE2003 (1/02)