

DOCUMENT # 199000005952

1. Entity Name

MILLENNIUM ONE, L.L.C.

02 NOV 15 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

80 S.W. 8TH STREET, STE 2120
MIAMI FL 3313080 S.W. 8TH STREET, STE 2120
MIAMI FL 33130

2. Principal Place of Business

1450 MADRUGA AVENUE

3. Mailing Address

1450 MADRUGA AVENUE

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

Country

33146

USA

Zip

Country

33146

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0969016

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WINDHURST, KENT A

80 S.W. 8TH STREET, STE 2120
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

KENT A. WINDHORST

Street Address (P.O. Box Number is Not Acceptable)

1450 MADRUGA AVENUE

SUITE 400

City

CORAL GABLES

FL

Zip Code

33146

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

KENT A. WINDHORST

9/27/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002400008431574--2
-10/17/02--01083--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME IP ACQUISITION CORPORATION
STREET ADDRESS 80 S.W. 8TH STREET, STE 2120
CITY-ST-ZIP MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS 1450 MADRUGA AVENUE, SUITE 400
CITY-ST-ZIP CORAL GABLES, FL 33146TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS 400008431574
CITY-ST-ZIP 11/15/02--01081--008 **100.00TITLE
NAME
STREET ADDRESS 400008431574
CITY-ST-ZIP 10-17-02 01083 010 \$50.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

TR

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

KENT A. WINDHORST

9/27/02

305-666-3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #