2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

MITHUM	r wel dist	
DOCUMENT # L99000005 1. Entity Name MILLENNIUM ONE, L.L.C.	5952	
Principal Place of Business	Mailing Address	
1450 MADRUGA AVE., STE. 400 CORAL GABLES, FL 33146	1450 MADRUGA AVE Coral Gables, FL 3	

DO NOT WRITE IN THIS SPACE

01112005No Chg-LLC

CR2E083 (10/03)

Applied For

4. FEI Number 65-0969016

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and	Address	of	Current	Reg	istered	Agen	t
									_

WINDHORST, KENT A 1450 MADRUGA AVE., STE. 400 CORAL GABLES, FL 33146

the obligations of registered agent.

SIGNATI IRE

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005	;	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IP ACQUISITION CORPORATION 1450 MADRUGA AVE., STE. 400 CORAL GABLES, FL 33146		080000839012 08782705-80085-011 50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		iN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited fia	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature shability company of the receiver or trustee impowered to execute the company of the receiver or trustee impowered to execute the company of the receiver or trustee impowered to execute the company of the receiver or trustee impowered to execute the company of the receiver or trustee.	rualify for the exemption stated in Section 119.07(3 all have the same legal effect as if made under oat oute this report as required by Chapter 608, Florida)(i), Florida Statutes. I further certify that the information h, that I am a managing member or manager of the Statutes.

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

5. 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