

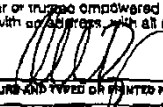
04/20/2005 13:23

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 001 ****70.00

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

20044650

DOCUMENT # N03000005955			
1. Entity Name MILLENNIUM TOWER RESIDENCES CONDOMINIUM ASSOCIATION,			
Principal Place of Business 1435 BRICKELL AVE MIAMI, FL 33131		Mailing Address 1435 BRICKELL AVE SUITE 2300 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 1435 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33131	USA	33131	USA
4. FEI Number 11-3696915		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, OLIVIA 1435 BRICKELL AVENUE MIAMI, FL 33131		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE ☒  Signature of board or person in name of registered agent, if applicable. (NOTE: Registered Agent signature required when registering.) DATE			
Filing Fee is \$51.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DOUGLAS, OLIVIA 1895 BROADWAY NEW YORK, NY 10023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IMAD BAZZ-I ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, MARK 1895 BROADWAY NEW YORK, NY 10023 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL BELOFF ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESS, MAY 1895 BROADWAY NEW YORK, NY 10023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOONEY, CRAIG 1895 BROADWAY NEW YORK, NY 10023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKEY, ASHAY 1895 BROADWAY NEW YORK, NY 10023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.			
SIGNATURE: ☒  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #			