2006 LIMITED PARTNERSHIP ANNUAL REPORT Dee By September 6, 2006

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0500001345 1. Entity Name U6 JUL 28 AM 9: 27 MILLENNIUM REAL ESTATE HOLDINGS, LLLP Principal Place of Business Mailing Address 2800 WESTON ROAD, STE 204 2800 WESTON ROAD, STE 204 WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ROZENCWAIG & FERRERO-CARR** Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 City Zip Code FL 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, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 prior notice. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P05000097035 STREET ADDRESS MILLENNIUM REAL ESTATE HOLDINGS MANAGEMENT NAME STREET ADDRESS 2800 WESTON ROAD, STE 204 CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33331 DOCUMENT # STREET ADDRESS <u>000078467690</u> 08/08/06--01026--021 **500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CiTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and trial my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered a execute this report as required by Chapter 620, Florida Statutes

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER