

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-02-2003 90642 001 ***100.00

DOCUMENT # L00000012643

1. Entity Name

MILLENNIUM PROPERTIES, LLC



Principal Place of Business

**9550 REGENCY SQUARE BLVD
SUITE 902
JACKSONVILLE FL 32225**

Mailing Address

**9550 REGENCY SQUARE BLVD
SUITE 902
JACKSONVILLE FL 32225**

44004235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

**SIMMS, CHRISTOPHER C
2847 CESERY BLVD.
JACKSONVILLE FL 32211**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** ☐ Delete
NAME: **SIMMS, GREGORY S**
STREET ADDRESS: **2847 CESERY BLVD.**
CITY-ST-ZIP: **JACKSONVILLE FL 32211**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **MGRM** ☐ Delete
NAME: **SIMMS, CHRISTOPHER C**
STREET ADDRESS: **2847 CESERY BLVD.**
CITY-ST-ZIP: **JACKSONVILLE FL 32211**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **MGRM** ☐ Delete
NAME: **MILLENNIUM PROPERTIES-MANAGER, LLC**
STREET ADDRESS: **2847 CESERY BLVD.**
CITY-ST-ZIP: **JACKSONVILLE FL 32211**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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)(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:

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

5-27-03

Date

338-9524

Daytime Phone #

CR2E083 (10/02)