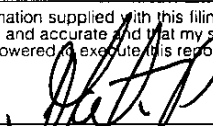


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:27

DOCUMENT # A05000001345						SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name MILLENNIUM REAL ESTATE HOLDINGS, LLLP				06 JUL 28 AM 9:27			
Principal Place of Business 2800 WESTON ROAD, STE 204 WESTON, FL 33331				Mailing Address 2800 WESTON ROAD, STE 204 WESTON, FL 33331			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable							
FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006						In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 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.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P05000097035			STREET ADDRESS			
NAME	MILLENNIUM REAL ESTATE HOLDINGS MANAGEMENT			CITY-ST-ZIP			
STREET ADDRESS	2800 WESTON ROAD, STE 204						
CITY-ST-ZIP	WESTON, FL 33331						
DOCUMENT #				STREET ADDRESS	000078467690		
NAME				CITY-ST-ZIP	08/08/06--01026--021 **\$500.00		
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
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DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing 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 that 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 to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: 				07/25/06 (954) 3857106			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			