2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000801

1. Entity Name

MILLENNIUM GROUP OF SOUTHWEST FLORIDA, L.C.

Principal Place of Business

22824 FOREST RIDGE DR.
ESTERO FL 33928

Mailing Address

22824 FOREST RIDGE DR.
ESTERO FL 33928

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business *9010 Estero River Circle*

Suite, Apt. #, etc.

City & State *Estero, FL*

Zip *33928* Country *USA*

3. Mailing Address *9010 Estero River Cir*

Suite, Apt. #, etc.

City & State *Estero, FL*

Zip *33928* Country *USA*

4. FEI Number **65-0983171**

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEASON, ROBERT J
~~22824 FOREST RIDGE DR.~~
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9010 Estero River Circle

City *Estero,*   **FL**   Zip Code *33928*

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 title 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 **MGR** NAME **GLEASON, ROBERT J** STREET ADDRESS **4629 SW 23RD AVENUE** CITY-ST-ZIP **CAPE CORAL FL 33914**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E083 (10/02)

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 REQUIRED   *4/23/03* *2394980690*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #