

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002265

1. Entity Name  
MILLENNIUM MEGATAINMENT L.L.C.

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5348 LAKE MARGARET DR.  
#122  
ORLANDO FL 32312

Mailing Address  
P.O. BOX 574835  
ORLANDO FL 32857-4835

2. Principal Place of Business  
12013 Fountainbrook Blvd.  
Suite, Apt. #, etc.  
1208

3. Mailing Address.  
Suite, Apt. #, etc.

City & State  
Orlando FL.  
Zip  
32825  
Country  
Orange

4. FEI Number  
59-3627299  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GRIER, RODERIC  
1450 ADRIEL LANE  
ORLANDO FL 32812

7. Name and Address of New Registered Agent  
Name  
Roderic Grier  
Street Address (P.O. Box Number is Not Acceptable)  
12013 Fountainbrook Blvd. #1208  
City  
Orlando FL Zip Code  
32825

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.

SIGNATURE *Roderic Grier* DATE 05/13/01  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member Roderic Grier 12013 Fountainbrook Blvd. #1208 Orlando, FL. 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	70000044162297 <input type="checkbox"/> Change <input type="checkbox"/> Addition -06/12/01--01064--023 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roderic Grier* DATE 05/13/01 407 207-2331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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