2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000002287 1. Entity Name

FILED Jan 31, 2002 8:00 am Secretary of State

BROOK	Lyn Millenium Group,	LLC		-		01-31-2002 9	90028 031	****50.	00	
Principal Place	e of Business	Mailing Address								
4244 ST. JOH JACKSONVILLI	NS AVENUE	4244 ST. JOHNS AV	4244 ST. JOHNS AVENUE JACKSONVILLE FL 32210							
2 Principal D	lace of Business	3. Mailing Address			_					
z. i ishoipai ri	iace of Dusiness	5. Mailing Address	5. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEIN	Number APPLIED FOR		Applied For Not Applicable		
Zip	Country	Zip	Zip Coun		5. Certi	5. Certificate of Status Desired \$5.00 Addition Fee Required		ditional		
	6. Name and Address of Curr	ent Registered Agent		Name	7. Nam	e and Address of New R	egistered A	gent		
422	IGTON, MICHAEL 4 ST. JOHNS AVENUE EKSONVILLE FL 32210				ss (P.O. Box N	Number is Not Acceptable)			
JAC	NOOMVILLE PL 322 IV			City	<u> </u>			Zip Cod		
				City			FL	Zip Cou		
SIGNATURE	named entity submits this statement is statement to state and statement is statement and statement is statement to statement in the statement is statement in the statement in the statement is statement in the s		· .	<u> </u>		<u> </u>	DATE		<u> </u>	
	Signature, typed or printed name of registered a			Agent signature requ		ng)	DATE			
		I		FEE IS \$50.0 Department By 1, 2002					ļ	
9.		MBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGTON ASSOCIATES, IN 4224 ST. JOHNS AVENUE JACKSONVILLE FL 32210	C. Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		j				Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		l	-		<u>.</u> . •	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied	☐ Delete	CITY-	ET ADDRESS ST-ZIP			·	Change	Addition	

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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE