

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90157 024 \*\*\*\*50.00

**DOCUMENT # L00000002287**

1. Entity Name

**BROOKLYN MILLENIUM GROUP, LLC**



Principal Place of Business

**4244 ST. JOHNS AVENUE  
JACKSONVILLE FL 32210**

Mailing Address

**4244 ST. JOHNS AVENUE  
JACKSONVILLE FL 32210**

2. Principal Place of Business

**118 W. ADAMS ST**

3. Mailing Address

**118 W. ADAMS ST**

Suite, Apt. #, etc.

**STE 700**

Suite, Apt. #, etc.

**STE 700**

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32202 32202**

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

**LANGTON, MICHAEL  
4224 ST. JOHNS AVENUE  
Y  
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

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 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

TITLE **MGRM** ☐ Delete  
NAME **LANGTON ASSOCIATES, INC.**  
STREET ADDRESS **4224 ST. JOHNS AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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**

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

Date

Daytime Phone #

**3/3/03 904-598-1368**

0001873

CR2E083 (10/02)