

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002772****1. Entity Name**

MILLENNIA COLLECTION VENTURES, LLC

Principal Place of Business**Mailing Address**

5300 N. POWERLINE ROAD, SUITE 207

5300 N. POWERLINE ROAD, SUITE 207

FORT LAUDERDALE
33309

FL

FORT LAUDERDALE
33309

FL

2. Principal Place of Business**3. Mailing Address**

6515 GRAND TETON PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

MADISON

WI

Zip

Country

Zip

Country

53719

4. FEI Number**39-1987485**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**STROSS HOWARD C
33920 U.S. HIGHWAY 19 N., SUITE 351PALM HARBOR
34684

US

FL

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.SIGNATURE **HOWARD C. STROSS****04/02/2001**

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 Department of State****9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLESKO E.J. 6515 GRAND TETON PLAZA, SUITE 300 MADISON WI 53719 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: E.J. PLESKO

MGRM 04/02/2001

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

Date

Daytime Phone #

CR2E083 (11/00)