FILED
Aug 13, 2002 8:00 am
Secretary of State
04-22-2002 90344 001 ***100.00

41466

[redacted]

DO NOT WRITE IN THIS SPACE

59-3677045

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013391

1. Entity Name

MILLENNIUM PROPERTIES MANAGER, LLC

Principal Place of Business	Mailing Address
2647 CESERY BLVD. JACKSONVILLE FL 32211	2647 CESERY BLVD. JACKSONVILLE FL 32211

2. Principal Place of Business		3. Mailing Address	
9550 Regency Square Blvd.		SAME	
Suite, Apt. #, etc. Suite 902		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32225	Country Duval	Zip	Country

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

SIMMS, CHRISTOPHER C
2647 CESERY BLVD.
JACKSONVILLE FL 32211

→ New

7. Name and Address of New Registered Agent

Name: Christopher Simms

Street Address (P.O. Box Number Is Not Acceptable): 9550 Regency Square Blvd. Suite 902

City: Jacksonville FL Zip Code 32225

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 ______________ 7-22-02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SIMMS, GREGORY S 2647 CESERY BLVD. JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9550 Regency Square Blvd. Suite 902 Jacksonville, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SIMMS, CHRISTOPHER C 2647 CESERY BLVD. JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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 Gregory Simms 4-15-02 904-744-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #