

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000015026****1. Entity Name**
MILLENNIA LENDING GROUP, LLC

| | |
|--|--|
| Principal Place of Business 2624 SW 42ND LANE CAPE CORAL FL 33914 | Mailing Address 2624 SW 42ND LANE CAPE CORAL FL 33914 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 4210 METRO PARKWAY Suite, Apt. #, etc. SUITE 105 City & State FORT MYERS FL | 3. Mailing Address 4210 METRO PARKWAY Suite, Apt. #, etc. SUITE 105 City & State FORT MYERS FL |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------|----------------|---------------------|----------------|
| Zip 33916 | Country | Zip 33916 | Country |
|---------------------|----------------|---------------------|----------------|

| | |
|------------------------------------|---|
| 4. FEI Number 65-1063052 | Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent**REBER CHARLES J
2624 SW 42ND LANE

CAPE CORAL FL 33914**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.**SIGNATURE** _____ **07/24/2001**
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**

| | |
|--|---------------------------------|
| TITLE MGR | <input type="checkbox"/> Delete |
| NAME REBER CHARLES J | |
| STREET ADDRESS 2624 SW 42ND LANE | |
| CITY-ST-ZIP CAPE CORAL FL 33914 | |
| TITLE MGR | <input type="checkbox"/> Delete |
| NAME REBER LYNN M | |
| STREET ADDRESS 2624 SW 42ND LANE | |
| CITY-ST-ZIP CAPE CORAL FL 33914 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS / CHANGES

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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: LYNN M. REBER** **MGR** **07/24/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)