## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000001336

1. Entity Name

MILLENNIUM MARKET STRATEGIES, LLC

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

3522 THOMASVILLE ROAD, SUITE 301 TALLAHASSEE FL 32308

3522 THOMASVILLE ROAD, SUITE 301 TALLAHASSEE FL 32308

FILED May 01, 2002 8:00 am Secretary of State

05-01-2002 91463 006 \*\*\*\*50.00



Suite, Apt. #, e	etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Agent	d Agent		7. Name and Address of New Registered Agent	
DIAMANTIS, CHRISTOPHER E 3522 THOMASVILLE ROAD, SUITE 301 TALLAHASSEE FL 32308				Name Street Address (P.O. Box Number is Not Acceptable)		
				City	Zip Code	
GNATURE	ned entity submits this statement ture, typed or printed name of registered.				stered agent, or both, in the State of Florida.  ulred when reinstating)  DATE	
		Fil	E NOW!!!	FEE IS \$50.0	00	

Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITI F Delete TITLE manager Change Addition NAME charles Brad ford NAME Rd, Suite 301 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Tallahaisec 32309 TITLE ☐ Delete Addition A NAME Investor Holdings, Inc. NAME STREET ADDRESS Thomasville Rd , Suite 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ullahaisee 32309

TITLE

NAME

Delete

Make Check Payable to Department of State

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE member □ Change Addition NAME NAME Gunter Interest, LLC STREET ADDRESS STREET ADDRESS Thomaskille Rd CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NAME

850-894-4957

**□**LAddition

Change