
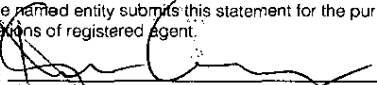
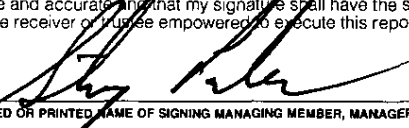


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 005 ****50.00

| | | | | | |
|--|--|--|---|---|-----------------|
| DOCUMENT # L01000011255 | | | |  | |
| 1. Entity Name MILLENNIUM EVENTS, LLC | | | | | |
| Principal Place of Business 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118 | | | Mailing Address 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02082004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 59-3637450 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GIMENEZ, KEVIN 2800 N. ATLANTIC AVE DAYTONA BEACH, FL 32118 | | | 7. Name and Address of New Registered Agent Name: <u>Kevin Gimenez</u> Street Address (P.O. Box Number is Not Acceptable): <u>124 South St</u> City: <u>Daytona Beach</u> FL Zip Code: <u>32114</u> | | |
| 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:  | | DATE: <u>2/8/04</u> | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PENLAND, STEPHEN 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date: <u>4-28-04</u> | | Daytime Phone # |