2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015399 MILLENIUM CUSTOM HOMES, LLC

Principal Place of Business 21150 POINT PLACE, APT, 806 AVENTURA FL 33180

SIGNATURE

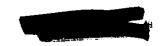
Mailing Address

21150 POINT PLACE, APT. 806 **AVENTURA FL 33180**

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Act # etc

FILED Jul 04, 2002 8:00 am Secretary of State

06-04-2002 90220 016 ****50.00





DATE

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| City & State | | City & State | | DO NOT WRITE IN THIS SPACE | | |
|---|-----------------------------------|----------------------------|----------------|--|-------------------|--|
| | | | | 4. FEI Number 02-0538600 | Applied For | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$5.00 Additional | |
| 6. Name and Address of Current Registered Agent GOLDMAN, MELVIN 21150 POINT PLACE, APT. 806 AVENTURA FL 33180 | | | Name | 7. Name and Address of New Registered Agent | | |
| | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| <u> </u> | | | City | F | Zip Code | |
| . The above named en | lify submits this statement for t | the cureous of changing it | | | | |

8. its registered office or registered agent, or both, in the State of Florida.

(NOTE: Registered Agent signisture required when reinstating) 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 MGR TITLE Deleta TITLE □ Chance ■ Addition MAME GOLDMAN, MELVIN NAME STREET ADDRESS 21150 POINT PLACE, APT. 806 STREET ACCRESS CR2E083 CITY-ST-ZIP **AVENTURA FL 33180** CTTY-ST-ZIP mle ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE D Delete ME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29P TITLE ☐ Delete TITLE Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS C/TY-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 cath; 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.