2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Secretary of State 05-02-2003 90587 019 ****55 00 DOCUMENT # L01000015483 MILLENNIUM EQUITY PARTNERS, LLC 44004304 Principal Place of Business Mailing Address 2061 RENAISSANCE BLVD. POST OFFICE BOX 171335 103 HIALEAH FL 33017 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address 22605 SW 66TH AVENUE POST OFFICE BOX 970806 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 14-1858749 FOR Applied For City & State City & State 4. FEI Number BOCA RATON, FLORIDA BOCA RATON, FLORIDA Not Applicable ^{Zip} 33428 33428 \$5.00 Additional PALM BEACH PALM BEACH 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W. LIAM-BALDWIN-MARTINEZ. AWILDA 2061 RENAISSANCE BLVD. Street Address (P.O. Box Number is Not Acceptable) 22605 SW 66TH AVENUE MIRAMAR FL 33025 SUITE 212 BOCA RATON 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. W. LIAM BALDWIN **APRIL 29, 2003** SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Change ☐ Delete MANAGING DIRECTOR BALDWIN, W. LIAM NAME NAME W. LIAM BALDWIN 2082 RENAISSANCE BLVD #103 STREET ADDRESS STREET ADDRESS 22605 SW 66TH AVENUE-BOCA RATON_FL MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME-NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIRE Ozlete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7P 11. I hereby certify that the information supplied with this filling 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.

FILED Jun 13, 2003 8:00 am

APRIL 29,2003