FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92177 040 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30069461

DOCUMENT # L01000018254

1. Entity Name
MILLENNIUM COMMERCE, LLC

Principal Place of Business	Mailing Address
9411 E. CALUSA CLUB DRIVE MIAMI, FL 33186	1800 SUNSET HARBOUR DRIVE MIAMI BEACH, FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1800 Sunset Harbour Dr	1800 Sunset Harbour Dr
Suite, Apt. #, etc.: Apt # 2006	Suite, Apt. #, etc.: Apt # 2006
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 65-1148149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Checks Payable to Florida Department of State
Due By May 1, 2003!!!

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: SANTANO, EMILO STREET ADDRESS: 9411 E. CALUSA CLUB DRIVE CITY-ST-ZIP: MIAMI, FL 33186	☐ Delete	TITLE: MGRM NAME: Emilio Santano STREET ADDRESS: 1800 Sunset Harbour Dr. CITY-ST-ZIP: Miami Beach FL 33139	☒ Change ☐ Addition
TITLE: MGRM NAME: CAMPOLLO, LUIS STREET ADDRESS: 9411 E. CALUSA CLUB DRIVE CITY-ST-ZIP: MIAMI, FL 33186	☒ Delete	TITLE: MGRM NAME: Carlos E. Espasas STREET ADDRESS: 1800 Sunset Harbour Dr. CITY-ST-ZIP: Miami Beach FL 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Carlos E. Espasas 4/30/03 (305) 742-4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #