


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000796	
1. Entity Name NEW MILLENIUM LLC	

Principal Place of Business 2001-A AUSTRALIAN AVE. WEST PALM BEACH, FL 33404 US	Mailing Address 2001-A AUSTRALIAN AVE. WEST PALM BEACH, FL 33404 US
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04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1408239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ
 3801 PGA BLVD.
 SUITE 802
 PALM BEACH GARDENS, FL 33410

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

000000128268
 04/26/04-60031-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIENS, LARRY P 763 ALT. A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIENS, DEBBY 763 ALT. A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIENS, DEBBY 763 ALT. A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIENS, LARRY P 763 ALT. A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Debbi Viens Debbi Viens 4/21/04 772-781-6262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #