


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000796 1. Entity Name NEW MILLENIUM LLC	
--	---

Principal Place of Business 7938 SW JACK JAMES DR STUART, FL 34997 US	Mailing Address 7938 SW JACK JAMES DR STUART, FL 34997 US
--	--

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 61-1408239	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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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	

1100000184607
01/20/05-80037-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/11/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LARRY P. VIENS

(772) 781-6262