

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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9/9/2003-90018-001-\$50.00-\$50.00

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2003 OCT -3 PM 2:40

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> L02000010087			
<b>1. Entity Name</b> MILLENNIUM CAPITAL GROUP, LLC			
<b>Principal Place of Business</b> 3701 E. BASELINE RD., STE. F106-177 GILBERT AZ 85234		<b>Mailing Address</b> 3701 E. BASELINE RD., STE. F106-177 GILBERT AZ 85234	
<b>2. Principal Place of Business</b> 11 Larkspur Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Larkspur 1559 Suite, Apt. #, etc.	
<b>City &amp; State</b> HOMOSASSA, FL		<b>City &amp; State</b> HOMOSASSA SPRINGS, FL	
<b>Zip</b> 34446 <b>Country</b> U.S.		<b>Zip</b> 34447 <b>Country</b> U.S.	
<b>4. FEI Number</b> 08-0684185		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> ZYBELL, ANDREAS 11 LARKSPUR DR. HOMOSASSA FL 34446		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> <i>Andreas Zybelle</i> <b>Managing Member</b>		<b>DATE</b> 08/11/03	
\$0.00		<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By September 24, 2003	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> MGR <b>NAME</b> Andreas Zybelle <b>STREET ADDRESS</b> 11 Larkspur Dr. <b>CITY-ST-ZIP</b> HOMOSASSA, FL 34446 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>			
<b>SIGNATURE:</b> <i>Andreas Zybelle</i>		<b>DATE:</b> 08/11/03	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>		<b>Date</b>	

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