

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

FILED

2003 OCT -3 PM 2:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000010087			
1. Entity Name MILLENNIUM CAPITAL GROUP, LLC			
Principal Place of Business 3701 E. BASELINE RD., STE. F106-177 GILBERT AZ 85234		Mailing Address 3701 E. BASELINE RD., STE. F106-177 GILBERT AZ 85234	
2. Principal Place of Business 11 Larkspur Dr.		3. Mailing Address PO Box 1559	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homosassa, FL		City & State Homosassa Springs, FL	
Zip 34446		Zip 34447	
Country U.S.		Country U.S.	
4. FEI Number 08-0684185		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 ZYBELL, ANDREAS 11 LARKSPUR DR. HOMOSASSA FL 34446		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 <u>Andreas Zybelle</u> <u>Managing Member</u> <u>08/11/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
\$0.00		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME Andreas Zybelle STREET ADDRESS 11 Larkspur Dr. CITY-ST-ZIP Homosassa, FL 34446	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Andreas Zybelle</u>		08/11/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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