

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90020 007 \*\*\*\*50.00

**DOCUMENT # L02000016346**

1. Entity Name  
MILLENIUM MANAGEMENT TEAM, LLC.



Principal Place of Business  
13486 CARIBBEAN BLVD  
FT MYERS, FL 33905

Mailing Address  
13486 CARIBBEAN BLVD  
FT MYERS, FL 33905

2. Principal Place of Business  
14651 PALM BEACH BLVD

3. Mailing Address  
14651 PALM BEACH BLVD.

Suite, Apt. #, etc.  
106B

Suite, Apt. #, etc.  
106B

08012005 Chg-LLC CR2E083 (10/03)

City & State  
FORT MYERS, FL

City & State  
FORT MYERS, FL

4. FEI Number  
32-0020214

Applied For  
Not Applicable

Zip  
33905

Country  
USA

Zip  
33905

Country  
USA

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

**6. Name and Address of Current Registered Agent**

KETCHUM, SCOTT M ESQ  
692 GOODLETTE ROAD NORTH  
NAPLES, FL 34102

**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

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MARTINEZ, JEREMY  
STREET ADDRESS 13486 CARIBBEAN BLVD  
CITY-ST-ZIP FT MYERS, FL 33905 ☐ Delete

TITLE MGR  
NAME MONACELL, DAVID  
STREET ADDRESS 13486 CARIBBEAN BLVD  
CITY-ST-ZIP FT MYERS, FL 33905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE MGR  
NAME MARTINEZ, JEREMY  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME DAVID MONACELL  
STREET ADDRESS 14180 DUKE HWY  
CITY-ST-ZIP ALVA, FL 33920 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID MONACELL

8/1/05

239-650-3010