


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90002 039 \*\*\*\*\*50.00

<b>DOCUMENT # L02000023014</b>					
<b>1. Entry Name</b> TEAM TWO THOUSAND MILLENNIUM MARKETING, LLC					
<b>Principal Place of Business</b> 8343 BAYSHORE DRIVE PINELLAS COUNTY TREASURE ISLAND, FL 33706			<b>Mailing Address</b> 8343 BAYSHORE DRIVE PINELLAS COUNTY TREASURE ISLAND, FL 33706		
<b>2. Principal Place of Business</b> 11438 28th ST. CIR. EAST Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State PARRISH, FLORIDA		City & State		05032004    Chg-LLC    CR2E083 (10/03)	
Zip 34219		Country U.S.A.		<b>4. FEI Number</b> 54-2071659	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JUSTIN, WILLIAM L 8343 BAYSHORE DRIVE PINELLAS COUNTY TREASURE ISLAND, FL 33706			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 11438 28th ST. CIRCLE EAST City PARRISH    FL    Zip Code 34219		
<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> SIGNATURE: <u>William L. Justin</u> DATE: <u>5/3/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIN, WILLIAM L 8343 BAYSHORE DRIVE TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11438 28th ST. CIRCLE EAST PARRISH-FL-34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZATEMPOWSKI, PAUL 9524 KELBER DRIVE CLARENCE CENTER, NY 14032	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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> <u>William L. Justin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			5/3/04    941-776-3648 <small>Date    Daytime Phone #</small>		