

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90049 001 \*\*\*\*50.00

**DOCUMENT # L02000029198**

1. Entity Name  
MILLENNIUM INVESTMENT HOLDING COMPANY, LLC



Principal Place of Business

115 TIMBERLACHEN CIRCLE, STE. 2001  
LAKE MARY, FL 32746

Mailing Address

115 TIMBERLACHEN CIRCLE, STE. 2001  
LAKE MARY, FL 32746

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
02-0650950

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORASOLT, FRANK  
115 TIMBERLACHEN CT STE 2001  
LAKE MARY, FL 32746

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CERASOLI, FRANK
STREET ADDRESS	115 TIMBERLACHEN CIRCLE, STE. 2001
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	MGRM
NAME	FULLER, GEORGE
STREET ADDRESS	115 TIMBERLACHEN CIRCLE, STE. 2001
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-04

407 262 0066