

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032863**

1. Entity Name  
**MILLENIUM INVESTMENT GROUP, L.L.C.**



Principal Place of Business  
**7707 NORTHWEST 103RD STREET  
HIALEAH GARDENS, FL 33016**

Mailing Address  
**7707 NORTHWEST 103RD STREET  
HIALEAH GARDENS, FL 33016**

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**11-3668660**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO ST, STE 300  
CORAL GABLES, FL 33134**

**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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GOENAGA, CARMEN  
13487 NW 8TH ST.  
MIAMI, FL 33182**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GOENAGA, NIURKA  
13487 NW 8TH ST.  
MIAMI, FL 33182**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000170156  
08/16/04-800003-024 55.00

**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 19.07(3)(b), 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

**8/5/04**  
Date

**(305) 962-7755**  
Daytime Phone #