Jul 16, 2004 8:00 am 2004 LIMITED LIABILITY COMPANY Secrétary of State **ANNUAL REPORT** 07-16-2004 90141 025 ****50.00 **DOCUMENT # L02000034829** 1. Entity Name MILLENNIUM HOLDINGS, L.L.C. 14022826 Mailing Address Principal Place of Business 7725 NW 146TH STREET 7725 NW 146TH STREET MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142004 Cha-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 43-1989927 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired ____ ~Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRODIE, SIDNEY,Z Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12TH STREET, PH-I MIAMI, FL 33126 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE □ Defete TITLE MGRM Change ☐ Addition Rodriguez, Rolando RODRIGUEZ, ROLANDO NAME NAME STREET ADDRESS 13611 DEERING BAY DRIVE, UNIT 702 STREET ADDRESS 7725 NW. 146 St CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP miami Lakes, FL 33016 MGRM TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ, ROLANDO J NAME NAME 7725 NW 146 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP MGRM___ Addition. TITLE Delete ---- - - Change RODRIGUEZ, JORGE NAME NAME 7725 NW 146TH STREET STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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. 11. I hereby certify that the information supply

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED

FILED