


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90077 029 \*\*\*\*50.00

<b>DOCUMENT # L03000005542</b>	
1. Entity Name <b>MILLENNIUM HOLDINGS, L.L.C.</b>	

Principal Place of Business <b>2800 WESTON ROAD STE. 204 WESTON, FL 33331</b>	Mailing Address <b>2800 WESTON ROAD STE. 204 WESTON, FL 33331</b>
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**34006329**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD STE. 300 WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name <b>Mellenneum Holdings LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 Weston Rd Suite 204</b> City <b>Weston</b> FL Zip Code <b>33331</b>	
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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]* DATE 5/13/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MILLENNIUM HOLDINGS MANAGEMENT, INC. 2800 WESTON ROAD STE. 204 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE 5/13/04

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