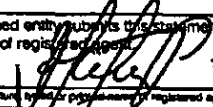
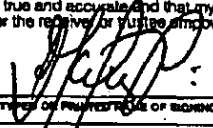


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/

FILED
Jun 18, 2004 8:00 am
Secretary of State

04-28-2004 90060 042 ****50.00

DOCUMENT # L03000009914																																																																																																											
1. Entity Name MILLENNIUM SUPERMALL, L.L.C.																																																																																																											
Principal Place of Business 2800 WESTON ROAD, SUITE 204 WESTON, FL 33331			Mailing Address 2800 WESTON ROAD, SUITE 204 WESTON, FL 33331																																																																																																								
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City & State			City & State																																																																																																								
Zip	Country	Zip	Country	4. FEI Number 5623 56250																																																																																																							
				Applied For Not Applicable																																																																																																							
5. Certificate of Status Desired ☐				5.00 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 1280 WESTON ROAD, SUITE 300 WESTON, FL 33328			7. Name and Address of New Registered Agent Name Ignacio Martinez Street Address (P.O. Box Number is Not Acceptable) 5800 Hollywood Blvd City Hollywood FL Zip Code 33021																																																																																																								
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  (NOTE: Registered Agent signature required when retreating) DATE																																																																																																											
Filing Fee to \$80.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE MANAGER</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change</td> <td>☐ Addition</td> </tr> <tr> <td>NAME IGNACIO MARTINEZ</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS 5800 HOLLYWOOD BLVD</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP HOLLYWOOD FL 33021</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change</td> <td>☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change</td> <td>☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change</td> <td>☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE MANAGER	☐ Delete		TITLE	☐ Change	☐ Addition	NAME IGNACIO MARTINEZ			NAME			STREET ADDRESS 5800 HOLLYWOOD BLVD			STREET ADDRESS			CITY-ST-ZIP HOLLYWOOD FL 33021			CITY-ST-ZIP			TITLE	☐ Delete		TITLE	☐ Change	☐ 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			TITLE	☐ Delete		TITLE	☐ Change	☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																											

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