


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90031 035 ****50.00

DOCUMENT # L03000009914					
1. Entity Name MILLENNIUM SUPERMALL, L.L.C.					
Principal Place of Business 2500 E HALLANDALE BEACH BLVD SUITE T HALLANDALE BEACH, FL 33009			Mailing Address 2500 E HALLANDALE BEACH BLVD SUITE T HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02262007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 56-2356250				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEGAL SERVICES, LLC 2500 WESTON ROAD SUITE 404 WESTON, FL 33331			Name ROZENKWAIG, NADEL & FERRERO-CARR Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD City HALLANDALE BEACH FL Zip Code 33009		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLENNIUM SUPERMALL MANAGEMENT, INC. 2800 WESTON ROAD, SUITE 103 WESTON, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLENNIUM SUPERMALL MANAGEMENT, INC. 2500 E. HALLANDALE BEACH BLVD, SUITE 'T' HALLANDALE BEACH, FL 33009 <input checked="" 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 exemptions contained in Chapter 119, 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: _____			(954) 3852550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		