

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010613

1. Entity Name
MILLENNIUM HOMES REALTY LLC



Principal Place of Business
**2564 STONEVIEW ROAD
ORLANDO, FL 32806**

Mailing Address
**2564 STONEVIEW ROAD
ORLANDO, FL 32806**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2104251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VICENTE, JAVIER
2564 STONEVIEW ROAD
ORLANDO, FL 32806**

**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 May 1, 2005**

000000180506

01/14/05-80008-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VICENTE, JAVIER 2564 STONEVIEW ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WISE, WADE W 2564 STONEVIEW ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VICENTE, FRANK 2564 STONEVIEW ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 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: *Javier Vicente*

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

Date

Daytime Phone #

1-11-05 (407) 275-9888