

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000013619

Entity Name: FEMILLIONAIRES, LLC

FILED
May 23, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 915115
LONGWOOD, FL 32791

New Principal Place of Business:

P.O. BOX 915115
LONGWOOD, FL 32791

Current Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 57-1161596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, DR. FLORENCE
P.O. BOX 915115
LONGWOOD, FL 32791 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ALEXANDER, DR. FLORENCE
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DR. FLORENCE ALEXANDER

MGR

05/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date