

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042779

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** THE MILLENNIUM FRANCHISING COMPANY, L.C.

**Current Principal Place of Business:**

425 W. COLONIAL DR., STE. 204  
ORLANDO, FL 32804

**New Principal Place of Business:**

7380 SANDELAKE ROAD SUITE 500  
ORLANDO, FL 32819

**Current Mailing Address:**

425 W. COLONIAL DR., STE. 204  
ORLANDO, FL 32804

**New Mailing Address:**

7380 SANDELAKE ROAD SUITE 500  
ORLANDO, FL 32819

**FEI Number:** 20-0412730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, JONATHAN D  
SEMPER WOODS, P.A.  
425 W. COLONIAL DR., STE. 204  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

MCCARTHY, JAMES J  
7380 SANDLAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 US

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: JAMES J MCCARTHY

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOODS, JONATHAN D  
Address: 425 W. COLONIAL DR., STE. 204  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCARTHY, JAMES J  
Address: 7380 SANDLAKE ROAD  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES J MCCARTHY

MGR

02/07/2006

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