

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046032

FILED
Jul 15, 2006
Secretary of State

Entity Name: MILLENNIUM REAL ESTATE II, LLC

Current Principal Place of Business:

111 BEAL PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

111 BEAL PARKWAY SE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

111 BEAL PARKWAY
FORT WALTON BEACH, FL 32548

New Mailing Address:

111 BEAL PARKWAY SE
FORT WALTON BEACH, FL 32548

FEI Number: 20-0619665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHESSER, MICHAEL
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 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/MANAGERS:

Title: MGRM () Delete
Name: WHALEY, DENISE H
Address: 1965 PROCTERIDGE COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: HUDGENS, ROBERT S
Address: 256 VENTURA CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

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

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 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: ROBERT S HUDGENS

MGRM

07/15/2006

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