

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90038 006 ****50.00

DOCUMENT # L04000022474					
1. Entity Name THE MILLENNIUM GROUP, LLC					
Principal Place of Business 1404 E. CONCORD STREET ORLANDO, FL 32803			Mailing Address P.O. BOX 616958 ORLANDO, FL 32861		
2. Principal Place of Business 7380 Sand Lake Road		3. Mailing Address			
Suite, Apt. #, etc. Suite # 500		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State			
Zip 32819	Country USA	Zip	Country	01112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 27-0084565				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 DANIELS, MILLICENT E 1404 E. CONCORD STREET ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
Name			MILLICENT E. DANIELS		
Street Address (P.O. Box Number is Not Acceptable)			7380 SAND LAKE ROAD, SUITE # 500		
City			ORLANDO		State FL
Zip Code			32819		
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: <u>Millicent E. Daniels</u> DATE: <u>1/11/05</u> <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELS, MILLICENT E P.O. BOX 616958 ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELS, MILLICENT E. P.O. BOX 616958 ORLANDO, FL 32861	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDEZ, VERONICA P.O. BOX 616958 ORLANDO, FL 32861	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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
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
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: <u>Veronica Valdez</u> <u>VERONICA VALDEZ</u> <u>1/11/05</u> <u>(407) 292-6555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					