


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-14-2005 90591 005 ****50.00

DOCUMENT # L04000025350	
1. Entity Name NEW MILLENIUM ENGINEERING, LLC	

Principal Place of Business 706 ASTER WAY WESTON, FL 33327	Mailing Address 706 ASTER WAY WESTON, FL 33327
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2. Principal Place of Business 1290 WESTON RD.	3. Mailing Address 1290 WESTON RD.
Suite, Apt. #, etc. 306 - JJ	Suite, Apt. #, etc. 306 - JJ
City & State WESTON, FL	City & State WESTON, FL
Zip 33326	Country BROWARD



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0974906	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GBS CONSULTANTS 1290 WESTON RD STE. 306 WESTON, FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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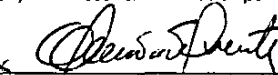
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUENTE, GLENDA M 706 ASTER WAY WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  GLENDA PUENTE 3/09/05 954 659 8147	Date	Daytime Phone #
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