

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029447

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: MILLENNIUM INSURANCE GROUP LLC

## Current Principal Place of Business:

517 TIVEOLI CT  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

517 TIVOLI CT  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

517 TIVEOLI CT  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

517 TIVOLI CT  
ALTAMONTE SPRINGS, FL 32701 US

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

## Name and Address of Current Registered Agent:

CALABRESE, GUY A  
517 TIVOLI COURT  
ALTAMONTE SPRINGS, FL 32701 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: CALABRESE, GUY A  
Address: 517 TIVOLI COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM ( ) Delete  
Name: CALABRESE, NADIA S  
Address: 517 TIVOLI COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 FL

## 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: GUY CALABRESE

PRES

01/22/2007

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