2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# L04000057359

Entity Name: MILLIONAIRE UNIVERSITY, L.L.C.

Current Principal Place of Business:

6824 VALHALLA WAY
WINDERMERE, FL 34786

New Principal Place of Business:

1416 MOSS CREEK DRIVE
JACKSONVILLE, FL 32225

Current Mailing Address:

6824 VALHALLA WAY
WINDERMERE, FL 34786

New Mailing Address:

1416 MOSS CREEK DRIVE
JACKSONVILLE, FL 32225

FEI Number: 20-1429356 **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:

SWEETWATER LAW OFFICES, PLC
900 FOX VALLEY DRIVE
LONGWOOD, FL 32779 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: MM ( ) Delete
Name: GIBSON, ROBERT
Address: 6824 VALHALLA WAY
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition
Name: GIBSON, ROBERT
Address: 1416 MOSS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MM ( ) Change (X) Addition
Name: GIBSON, MARY
Address: 1416 MOSS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: MARY GIBSON MM 06/05/2006

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