

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064759

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: NEW MILLENNIUM INVESTMENTS, LLC

**Current Principal Place of Business:**

89 SAUNDERS LANE  
RIDGEFIELD, CT 06877

**New Principal Place of Business:**

89 SAUNDERS LANE  
RIDGEFIELD, CT 6877

**Current Mailing Address:**

89 SAUNDERS LANE  
RIDGEFIELD, CT 06877

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SNYDER, BRUCE  
Address: 89 SAUNDERS LANE  
City-St-Zip: RIDGEFIELD, CT 06877

Title: MGRM ( ) Delete  
Name: SNYDER, KIMBERLY  
Address: 89 SAUNDERS LANE  
City-St-Zip: RIDGEFIELD, CT 06877

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SNYDER, BRUCE  
Address: 89 SAUNDERS LANE  
City-St-Zip: RIDGEFIELD, CT 6877

Title: MGRM (X) Change ( ) Addition  
Name: SNYDER, KIMBERLY  
Address: 89 SAUNDERS LANE  
City-St-Zip: RIDGEFIELD, CT 6877

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE R. SNYDER

OWN

04/26/2005

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