

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 032 ****50.00

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1. Entity Name
MILLENIUUM RETAIL SOLUTIONS, L.L.C.



Principal Place of Business
~~1330 N.E. 27TH TERRACE
 POMERANO BEACH, FL 33062~~

Mailing Address
~~1330 N.E. 27TH TERRACE
 POMERANO BEACH, FL 33062~~

2. Principal Place of Business
350 Jim Moran Boulevard

3. Mailing Address
350 Jim Moran Boulevard

Suite, Apt. #, etc.
101

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33442 Country
USA



02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2341594 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAHAN, RICHARD J.A. ESQ.
 C/O BECKER & POLIAKOFF, P.A.
 121 ALHAMBRA PLAZA, 10TH FLOOR
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	PETERSON, DAVID 10 PARAWAY DRIVE DEERFIELD BEACH, FL 33442	TITLE Change Addition	350 Jim Moran Boulevard, Suite 101 Deerfield Beach, FL 33442
TITLE MGR	GARCIA, FELIPE 10 PARAWAY DRIVE DEERFIELD BEACH, FL 33442	TITLE Change Addition	350 Jim Moran Boulevard, Suite 101 Deerfield Beach, FL 33442
TITLE Delete		TITLE Change 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:  **4/11/05** **954-569-3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #