2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 13, 2007
Secretary of State

DOCUMENT# L05000027013

Entity Name: MILLENIUM BUSINESS LLC

Current Principal Place of Business:

10350 W. BAY HARBOR DR.
3K
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

193 N SHORE DR
601
MIAMI BEACH, FL 33141 US

Current Mailing Address:

10350 W. BAY HARBOR DR.
3K
BAY HARBOR ISLAND, FL 33154 US

New Mailing Address:

193 N SHORE DR
601
MIAMI BEACH, FL 33141 US

FEI Number: 76-0783833 **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:

OZORES, JESSICA
10350 W. BAY HARBOR DR.
3K
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

OZORES, JESSICA
193 N SHORE DR
601
MIAMI BEACH, FL 33141 US

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: JESSICA OZORES 11/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRS. ( ) Delete
Name: OZORES, JESSICA
Address: 10350 W. BAY HARBOR DR.
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OZORES, JESSICA
Address: 193 N SHORE DR # 601
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify 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: JESSICA OZORES MGRM 11/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date