
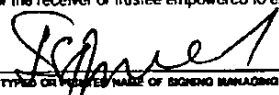


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-28-2006 90009 035 ****55.00

DOCUMENT # L05000048831						
1. Entity Name MIAMI GRAND SCENTRAL, LLC						
Principal Place of Business 2480 NW 20 STREET, SUITE C MIAMI FL 33142			Mailing Address P.O. BOX 16777 PLANTATION, FL 33318			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 20-2855815		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BAJAJ, JOGINDAR S 1769 NW 81 WAY PLANTATION, FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLENNIUM HOLDING AND INVESTMENT CORP.				NAME	
STREET ADDRESS	P.O. BOX 16777				STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33318				CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHADHA, AMIT				NAME	
STREET ADDRESS	2247 NW 171 TERRACE				STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						
				<small>Date</small>		
				<small>Daytime Phone #</small>		