
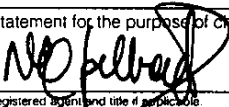
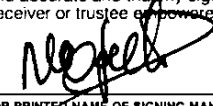


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90026 044 ****50.00

DOCUMENT # L05000068963					
1. Entity Name MILLENNIUM BAY HARBOR II, LLC					
Principal Place of Business 2500 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009			Mailing Address 2500 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box # 2500 E. HALLANDALE BEACH BLVD		3. Mailing Address 'THE SAME'			
Suite, Apt. #, etc. SUITE T		Suite, Apt. #, etc.			
City & State HALLANDALE BEACH		City & State		4. FEI Number 20-3167978	
Zip 33009		Country		Zip Country	
6. Name and Address of Current Registered Agent MILLENNIUM DEVELOPMENT ENTERPRISES, LLC 2800 WESTON ROAD SUITE # 103 WESTON, FL 33331				7. Name and Address of New Registered Agent Name KOZENCWAIB, NADEL & FERRERO - CARR Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD City HALLANDALE BEACH FL Zip Code 33009	
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLENNIUM DEVELOPMENT ENTERPRISES, LLC 2800 WESTON ROAD SUITE # 103 WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLENNIUM REAL ESTATE HOLDINGS, LLLP 2500 E. HALLANDALE BEACH BLVD PH-1 HALLANDALE BEACH, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  (954) 3852550					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					