2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000123475

1. Entity Name
MILENIUM HURRICANE PROTECTION, LLC

Principal Place of Business	Mailing Address
8500 SW 129TH TERRACE MIAMI, FL 33156	8500 SW 129TH TERRACE MIAMI, FL 33156

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4046319
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARENAS, VALENTIN I
8500 SW 129TH TERRACE
MIAMI, FL 33156

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARENAS, VALENTIN I
STREET ADDRESS	9240 SW 134TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	ALJAMAL, MOHAMMAD
STREET ADDRESS	9260 SW 134TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	SHAQRA, MAHER
STREET ADDRESS	9844 SW 156TH COURT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	MGRM
NAME	ALJAMAL, HISHAM
STREET ADDRESS	9260 SW 134TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	MEILAN, MARCOS
STREET ADDRESS	15535 SW 110TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000789310
01/23/08-80013-008 150.00

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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: _____ 1/15/08 3052358110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #