2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055294

Entity Name: MILLENIUM MANAGEMENT, LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7901 KINGSPOINTE PARKWAY SUITE 17 ORLANDO, FL 32819 US

Current Mailing Address: New Mailing Address:

7901 KINGSPOINTE PARKWAY SUITE 17 ORLANDO, FL 32819 US

FEI Number: 20-5189305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRAHM, LARAINE 7901 KINGSPOINTE PARKWAY SUITE 17 ORLANDO, FL 32819 US

MANAGING MEMBERS/MANAGERS:

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition

Name: FRAHM, LARAINE Name: FRAHM, LARAINE
Address: 7901 KINGSPOINTE PARKWAY, SUITE 17 Address: 8377 RIVERDALE LANE

City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: BROWN, VALERIE Name: BONILLA, MICHELLE

Address: 7901 KINGSPOINTE PARKWAY, SUITE 17 Address: 7901 KINGSPOINTE PARKWAY, SUITE 17

City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 FL

Title: MGR () Delete Title: () Change () Addition Name: CRUZ, NILDA Name:

Address: 7901 KINGSPOINTE PARKWAY, SUITE 17 Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip:

Title: V.P (X) Delete Title: () Change () Addition

 Name:
 BONILLA, MICHELLE
 Name:

 Address:
 7901 KINGSPOINTE PARKWAY, SUITE 17
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

 $\begin{tabular}{lll} Title: & V.P & (X) \ Delete & Title: & (\) \ Change \ (\) \ Addition \end{tabular}$

 Name:
 FRAHM, WESLEY
 Name:

 Address:
 7901 KINGSPOINTE PARKWAY, SUITE 17
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

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: LARAINE FRAHM MGRM 04/30/2008