

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000069668**

1. Entity Name  
MILLENNIUM PALMS CONDO FAMILY INVESTMENTS  
LLC



Principal Place of Business  
201 ALHAMBRA CIR STE 601  
CORAL GABLES, FL 33134

Mailing Address  
201 ALHAMBRA CIR STE 601  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #  
755 41st Street

3. Mailing Address  
755 41st Street

Suite, Apt. #, etc.

City & State  
Miami Beach Florida

Zip  
33140

Country  
USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROSENBAUM, MICHAEL J ESQ  
201 ALHAMBRA CIR STE 601  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name  
Rosenbaum International Law Firm, PA  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Betty Rosenbaum  
755 41st Street  
City  
Miami Beach FL Zip Code  
33140

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 1/7/08

Signature, hand-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**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBAUM, MICHAEL 201 ALHAMBRA CIR SUITE 601 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rosenbaum, Betty 755 41st Street Miami Beach, Florida 33140 <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	800115338018 01/17/08--01001--013 **3663.75 <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
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

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: DATE 1/7/08 305-333-5308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

08 JAN 17 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

