

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-12-2008 90016027 \*\*\*138.00  
L07000010615

<b>DOCUMENT # L07000010615</b> 1. Entity Name <b>MILLENNIUM SUITES, LLC</b>					
Principal Place of Business <b>2153 RIO CIRCLE</b> <b>SPRING HILL, FL 34608 US</b>			Mailing Address <b>2153 RIO CIRCLE</b> <b>SPRING HILL, FL 34608 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		08052008 Chg-LLC CR2E083 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number  Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>MILLER, MICHAEL K</b> <b>2153 RIO CIRCLE</b> <b>SPRING HILL, FL 34608</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL Zip Code</span>	
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 reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MILLER, MICHAEL K 2153 RIO CIRCLE SPRING HILL, FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Michael K. Miller</i>			Date: <i>September 12, 2008</i> Daytime Phone #: <i>352-277-6007</i>		

FILED

08 OCT 10 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*up 10/10/08*