

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091453

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** MILLENNIUM PARTNERS BUILDING 2, LLC

**Current Principal Place of Business:**

5292 SUMMERLIN CIRCLE WAY  
SUITE 1103  
FORT MYERS, FL 33907

**New Principal Place of Business:**

13221 PONDEROSA WAY  
FORT MYERS, FL 33907

**Current Mailing Address:**

5292 SUMMERLIN CIRCLE WAY  
SUITE 1103  
FORT MYERS, FL 33907

**New Mailing Address:**

13221 PONDEROSA WAY  
FORT MYERS, FL 33907

**FEI Number:** 26-3421013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DDM, LLC  
5292 SUMMERLIN CIRCLE WAY  
SUITE 1103  
FORT MYERS, FL 33907 US

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

DDM, LLC  
5292 SUMMERLIN CIOMMONS WAY  
SUITE 1103  
FORT MYERS, FL 33907 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOSORTZ, DANIEL E  
Address: 5292 SUMMERLIN CIRCLE WAY, SUITE 1103  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOSORTZ, DANIEL E  
Address: 13221 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

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: DANIEL DOSORETZ

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date