File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris · ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS column - 1 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000001074** 1a. Principal Place of Business Address MILLENNIUM MOTORS, L.C. 5526 WEST LAKE BUTLER ROAD 5526 WEST LAKE BUTLER ROAD WINDERMERE FL 34786 WINDERMERE FL 34786 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/15/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 5. Date of Last Report 6. City & State City & State Not Applicable 6. Certificate o' Status Desired Zip Country Zip Country 58 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LEXIS DOCUMENT SERVI, CES INC. 3953 WW KELLEY ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 900002899279-Suite, Apt. #, etc. -06/03/99--01U38--027 ****188.75 ****188.73 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registered Agreet Accepting Appendiment). (NOT). Boy seried Agest signature respoted when tens a result 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code CELLA, JUDITH ANN 5526 WEST LAKE BUTLER ROAD WINDERMERE FL MGRM MGRM CELLA, RONALD 5526 WEST LAKE BUTLER ROAD WINDERMERE FL

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information

indicated on this annual 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 malimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block

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attachment with an address. **SIGNATURE:**