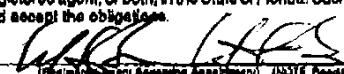
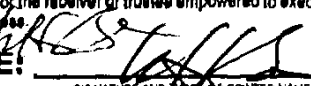


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		5/3/99 11:20:02 with 5/1	
FILING FEE \$ 100.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # 198000001998			
1. Name and Mailing Address of Limited Liability Company		1a. Principal Place of Business Address		3501 W. VINE STREET #275 KISSIMMEE FL 34741	
MILLENNIA MORTGAGE LOANS, LLC 3501 W. VINE STREET #275 KISSIMMEE FL 34741 PO Box 195879 Winter Springs, FL 32719		2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3. Date Organized or Qualified 09/25/1998	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 59-3535461	
Country		Country		5. Date of Last Report 6. Certificate of Status Desired ☐ Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
SCHACHT, WILLIAM E 3501 W. VINE STREET #275 KISSIMMEE FL 34741			Name William H Beck Street Address (P.O. Box Number is Not Acceptable) 748 Sybilwood Circle Suite, Apt. #, etc. City Winter Springs FL Zip Code 32708		
9. Pursuant to the provisions of Sections 806.416 and 806.506, 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. I hereby accept the appointment as registered agent, and accept the obligation.					
SIGNATURE 			DATE 5/3/99		
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGR BRECK, WILLIAM H		748 SYBILWOOD CIRCLE		WINTER SPRINGS FL 32708	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE 			5/3/99 407-686-0425 000002871226-7 -05/11/99--01051--007 ****188.75 ****188.75		