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

FILED
99 MAY -7 PM 2:02

FILING FEE	Annual Report $100.00 + $68.75 Corporation Supplemental Fee
$ 168.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — DOCUMENT # L98000001996

MILLENNIA MORTGAGE LOANS, LLC
~~3501 W. VINE STREET #275~~
~~KISSIMMEE FL 34741~~
PO Box 195879
Winter Springs, FL 32719

1a. Principal Place of Business Address
3501 W. VINE STREET #275
KISSIMMEE FL 34741

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 09/25/1998
3a. State of Formation: FL
4. FEI Number: 59-3535461 ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired: ☐

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 Breck 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 606.416 and 606.506, 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 obligations.

SIGNATURE _____ DATE 5/3/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BRECK, WILLIAM H	748 SYBILWOOD CIRCLE	WINTER SPRINGS FL 32708

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****188.75 ****188.75

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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ William H Breck 5/3/99 407-696-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)