## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9800002154  1. Entity Name MILLENNIUM GLOBAL INVESTMENT, L.L.C.				FILED 00 JAN 20 PM 4: 22	
Principal Place of Business		Mailing Address		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
1523 MALLARD COURT TITUSVILLE FL 32796		1523 MALLARD COURT TITUSVILLE FL 32796-3653		MERMINOVER	
				L LEZHAM DIA KINA KAM KRIM BERN AZUK ADIN BERN ZENG KENG MAR KURA BURN A	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
					ł Eor
City & State		City & State		38-1504646 Not App	jiini.i.i.
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additions Fee Required	al
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
VAN ENGELENBURG, WILLIAM'C			Name	the same of the sa	
1535 MALLARD COURT			Street Address	s (P.O. Box Number is Not Acceptable)	-
TITUSVILL	E FL 32796				
			City	FL Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its reg	istered office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE, Re	gistered Agent signature require	red when reinstating) DATE	
	,	FILE NOW Make Check Payat	!!! FEE IS \$50.00 ble to Department		
9,	MANAGING MEMBE		10.	ADDITIONS/CHANGES	
TITLE MAME STREET ADDRESS CITY- 87- KP	MGRM   VAN ENGELENBURG, WILLIAM C   1523 MALLARD COURT   TITUSVILLE FL 32796	Delote	TITLE MAME STREET ADDRESS CITY-ST-ZIP	900003118119 -02/01/0001096016	Addition - 🖃
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CITY-81-ZIP	* ***********************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dolote	TITLE NAME STREET ADDRESS CITY-ST-ZIP?	Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deteta	TITLE NAME STREET ADDRESS GITY-ST-ZIP	Change :	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREEY ADDRESS GITY-8T-ZIP	Change	Addition
TITLE NAME STBEET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Change [	Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	same legal effect as if I	Section 119.07(3)(i), Florida Statutes. I further certify that the inform of made under oath; that I am a managing member or manager of the per 608, Florida Statutes.	he