

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90351 047 ****50.00

DOCUMENT # L98000002154 1. Entity Name MILLENNIUM GLOBAL INVESTMENT, L.L.C.			
Principal Place of Business 1523 MALLARD COURT TITUSVILLE, FL 32796		Mailing Address 1523 MALLARD COURT TITUSVILLE, FL 32796	
2. Principal Place of Business - No P.O. Box # 7 INDIAN RIVER AVE.		3. Mailing Address 7 INDIAN RIVER AVE	
Suite, Apt. #, etc. APT. 1204		Suite, Apt. #, etc. APT. 1204	
City & State TITUSVILLE FL		City & State TITUSVILLE FL	
Zip 32796		Zip 32796	
Country USA		Country USA	
4. FEI Number 38-1504646		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ENGELBURG, WILLIAM C 1523 MALLARD COURT TITUSVILLE, FL 32796		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7 INDIAN RIVER AVE - APT. 1204 City TITUSVILLE FL Zip Code 32796	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD VAN ENGELBURG, WILLIAM C 1523 MALLARD COURT TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 INDIAN RIVER AVE. APT. 1204 TITUSVILLE, FL 32796 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ENGELBURG, WILLIAM C VIII 25302 139TH PLAGE S.E. KENT, WA 98042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26452 137TH AVE, S.E. KENT WA 98042 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELTJE VAN ENGELBURG, ELTJE HENRIKA 1523 MALLARD ST TITUSVILLE, FL 32796 <input type="checkbox"/> Delete <small>(SPELLING INCORRECT)</small>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ENGELBURG, ELTJE HENDRIKA 7 INDIAN RIVER AVE. APT. 1204 TITUSVILLE, FL 32796 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 606, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		April 10, 2007 <small>Date Daytime Phone #</small>	