File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 26 AM 1: 32 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address **DOCUMENT #** 198000002941 of Limited Liability Company MILLENNIUM DEVELOPMENT OF TITUSVILLE, L.L. 1a. Principal Place of Business Address 712 U.S. HIGHWAY ONE, STE 400 712 U.S. HIGHWAY ONE, STE 40 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/03/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0881567 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NORRIS, DAVID B 712 U.S. HIGHWAY ONE, STE 400 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 Suite, Apt. #, etc. City Zip Code 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. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE (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 MACDONALD, DOUGLAS 712 U.S. HIGHWAY ONE, STE NORTH PALM BEACH FL 2000002866408--**\$** -nszn7z99--01018--021 ****188,75 ****188.79

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. 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 Justee 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

(h/r Daytono Phone