

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000002941**

1. Entity Name  
**MILLENNIUM DEVELOPMENT OF TITUSVILLE, L.L.C.**



Principal Place of Business

**712 U.S. HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408**

Mailing Address

**2500 QUANTAM LAKES DRIVE  
101  
BOYNTON BEACH, FL 33426**



04282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0881567**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MACDONALD, DOUGLAS B  
2500 QUANTUM LAKES DRIVE #101  
BOYNTON BEACH, FL 33426**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when recertifying)

DATE

**04/28/04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MACDONALD, DOUGLAS  
2500 QUANTUM LAKE DR., STE.#101  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**04/28/04 04:28:04 PM 10:00**

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IN THIS SPACE**

11. I 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04/28/04 501-740-2447**