

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-21-2003 90021 013 ****50.00

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

2. Principal Place of Business

3. Mailing Address
2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
101

City & State

City & State
Boynton Beach, FL

Zip

Country

Zip
33426

Country
USA

4. FEI Number **65-0881567**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **DOUGLAS B. MACDONALD**
Street Address (P.O. Box Number is Not Acceptable)
**C/o Quantum Group of Companies
2500 Quantum Lakes Drive #101**
City **Boynton Beach** FL Zip Code **33426**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACDONALD, DOUGLAS 2500 QUANTUM LAKE DR., STE.#101 BOYNTON BEACH FL 33426 <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
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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: X

SIGNATURE REQUIRED

02/18/03

561-740-2447

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

Date

Daytime Phone #

CR2E083 (10/02)