

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

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2500 Quantum Lakes Drive

101

Boynton Beach, FL

33426

USA

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

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MACDONALD, DOUGLAS
2500 QUANTUM LAKE DR., STE.#101
BOYNTON BEACH FL 33428

☐ Delete

TITLE
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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)