

2001 UNIFORM BUSINESS REPORT (UBR)

002.315 AF

DOCUMENT # L99000002949

1. Entity Name

THIRD MILLENNIUM LEASING COMPANY, L.L.C.

FILED

01 JAN 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1250 W EAU GALLIE BLVD., STE J
MELBOURNE FL 32935

Mailing Address

1651 SEABURY POINT ROAD
PALM BAY FL 32907

2. Principal Place of Business

1651 SEABURY RD, NW

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3578554

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

32907 6. Name and Address of Current Registered Agent

JONES, RICHARD

1250 W EAU GALLIE BLVD., STE J
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name SUSAN VOELKEL

Street Address (P.O. Box Number is Not Acceptable)

1651 SEABURY POINT RD, NW

City

PALM BAY

FL

Zip Code

32907

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

SUSAN VOELKEL, AGA

JAN 15 2001

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM VOELKEL, JOHN
STREET ADDRESS 1651 SEABURY POINT ROAD, NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE NAME MGRM VOELKEL, SUSAN
STREET ADDRESS 1651 SEABURY POINT ROAD, NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

SUSAN VOELKEL, JAN 15 2001 321-752-2083

Date

Daytime Phone #

CR2E083 (11/00)