


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002949</b> 1. Entity Name THIRD MILLENNIUM LEASING COMPANY, L.L.C.	
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Principal Place of Business 1651 SEABURY RD. NW. PALM BEACH, FL 32907	Mailing Address 1651 SEABURY POINT ROAD PALM BAY, FL 32907
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01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3578554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  VOELKEL, SUSAN 1651 SEABURY POINT RD. NW PALM BAY, FL 32907
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**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 reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOELKEL, JOHN 1651 SEABURY POINT ROAD, NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOELKEL, SUSAN 1651 SEABURY POINT ROAD, NW PALM BAY, FL 32907
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01/25/06-80017-016 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **SUSAN VOELKEL,** **JAN 12 2006** **321-676-461.**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #