

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # L99000004284

1. Entity Name  
FAF MILLENNIUM GROUP VI, L.L.C.

00 APR 24 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13575 58TH STREET NORTH  
SUITE 144  
CLEARWATER FL 33760

Mailing Address  
13575 58TH STREET NORTH  
SUITE 144  
CLEARWATER FL 33760-3746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603705

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

M10M

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

100003245241--8  
-05/09/00--01097--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM -  
FAF GROUP VI, INC.  
13575 58TH STREET NORTH SUITE 144  
CLEARWATER FL 33760

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/25/2000 (927/538-7706)

CR2E083 (9/99)