

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0055976

DOCUMENT # L99000004284

1. Entity Name

FAF MILLENNIUM GROUP VI, L.L.C.



FILED
03 APR 25 PM 4:41
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

2. Principal Place of Business

825 Parkway Street

Suite, Apt. #, etc.

Suite #4

City & State

Jupiter, FL

3. Mailing Address

825 Parkway Street

Suite, Apt. #, etc.

Suite #4

City & State

Jupiter, FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3603705

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33477

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHABRA CIRCLE
STE 601
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

JOSEPH G. LUBECK

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

825 Parkway Street - Suite 4

City

JUPITER

FL

Zip Code

33477

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.

Joseph G. Lubeck, MGR

(NOTE: Registered Agent Signature required when reinstating)

700015648587 4/24/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FAF GROUP VI, INC.
STREET ADDRESS 13575 58TH STREET NORTH SUITE 144
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 825 Parkway Street - Suite 4
CITY-ST-ZIP Jupiter, FL 33477

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 REQUIRED Joseph G. Lubeck

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

Date

Daytime Phone #

4/8/03 (561) 745-8545

CR2E083 (10/02)