

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90073 016 ****55.00

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DOCUMENT # L99000007438 1. Entity Name MILLENNIUM PLAZA, L.L.C.																													
Principal Place of Business 9920 STATE ROAD 39 S. LITHIA, FL 33547 US			Mailing Address 9920 STATE ROAD 39 S. LITHIA, FL 33547 US																										
2. Principal Place of Business 1206 Millennium Parkway		3. Mailing Address 1206 Millennium Parkway																											
Suite, Apt. #, etc. Suite 2000		Suite, Apt. #, etc. Suite 2000																											
City & State Brandon, FL		City & State Brandon, FL		4. FEI Number 59-3609685																									
Zip 33511		Country Hills		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent BIVINS, ROBERT W 9920 STATE ROAD 39 S. LITHIA, FL 33547				7. Name and Address of New Registered Agent Name John E. Sullivan Street Address (P.O. Box Number is Not Acceptable) 1206 Millennium Parkway Suite 2000 City Brandon FL Zip Code 33511																									
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/26/05																									
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOLFE, RANDOLPH J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 N. TAMPA STREET STE 2700</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA, FL 33547</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, JOHN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1206 MILLENNIUM PARKWAY, #2000</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRANDON, FL 33511</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	WOLFE, RANDOLPH J		STREET ADDRESS	100 N. TAMPA STREET STE 2700		CITY- ST- ZIP	TAMPA, FL 33547		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SULLIVAN, JOHN E		STREET ADDRESS	1206 MILLENNIUM PARKWAY, #2000		CITY- ST- ZIP	BRANDON, FL 33511	
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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:				DATE 1/26/05 813 681-3480																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													