

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000629

Entity Name: MILLENNIALTEK INDUSTRIES, L.L.C.

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

4798 S. FLORIDA AVE., #406
LAKELAND, FL 33813

New Principal Place of Business:

4798 S. FLORIDA AVE. NO. 406
LAKELAND, FL 33813

Current Mailing Address:

4798 S. FLORIDA AVE., #406
LAKELAND, FL 33813

New Mailing Address:

4798 S. FLORIDA AVE. NO. 406
LAKELAND, FL 33813

FEI Number: 38-3517340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITAKER, CRYSTAL
4798 S. FLORIDA AVE., #406
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MCCREARY WHITAKER, CRYSTAL
4798 S. FLORIDA AVE. NO. 406
LAKELAND, FL 33813 US

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: CRYSTAL MCCREARY WHITAKER

05/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITAKER, CRYSTAL
Address: 4798 S. FLORIDA AVE., #406
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCREARY WHITAKER, CRYSTAL
Address: 4798 S. FLORIDA AVE. NO. 406
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRYSTAL MCCREARY WHITAKER

MGRM

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date