

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000005870

1. Entity Name
MILLENNIUM PARTNERS SPORTS CLUB MANAGEMENT LLC



Principal Place of Business
**C/O MILLENNIUM PARTNERS
1995 BROADWAY, 3RD FLOOR
NEW YORK, NY 10023**

Mailing Address
**C/O MILLENNIUM PARTNERS
1995 BROADWAY, 3RD FLOOR
NEW YORK, NY 10023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
203050184

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLENNIUM DEVELOPMENT PARTNERS VIII LLC 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10023 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT

[Handwritten signature and initials]

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: *[Signature]* Auth. Rep. *[Signature]* Date: 2/10/06 Daytime Phone #: 210-38-6943

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