## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M05000005870**

**FILED** 

Feb 15, 2007 8:00 am Secretary of State

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MILLENNIUM PARTNERS SPORTS CLUB MANAGEMENT

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

1. Entity Name

Mailing Address

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

3 Principal P	lace of Rusine	na Na BO Boy#	3. Mailing Address	·					
2. Principal Place of Business - No P.O. Box #			3. Maining Address	I ISBURDU H	1610)	# 60## 60### O!			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	02072007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State		4. FEI Number Applied For 20-3650184 Not Applicable				
Zip		Country	Zip	Country	5. Certificate	of Status Desired		\$5.00 Add Fee Require	litional d
	6. Name a	nd Address of Curren	it Registered Agent		7. Name and	Address of New F	Registered /	Agent	
		ζ.ž		Name					
UNITED C	ORPORAT	E SERVICES, INC	<b>)</b> ,	<del></del> -					
		AND BLVD., SUIT	E 508	Street A	ddress (P.O. Box Numb	er is Not Acceptable	e)		
MIAMI, FL	33156								
		·:							
		•		City			FL	Zip Cod	B
			for the purpose of changing its	registered office o	r registered agent, or bo	th, in the State of Fi	orida. I am	familiar with,	and accept
the obligat	ions of register	red agent.							
SIGNATURE .									
	Signature, typed or	printed name of registered ager	nt and title if applicable. (NO)	E: Registered Agent signal	ure required when reinstating)		DATE		
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	iling Fee is						e check p	-	_
	ue by May	1, 2007				Florid	a vepanm	ent of State	3
9.		MANAGING MEME		10.		ADDITIONS	/CHANGES		
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NAME		M DEVELOPMENT F	PARTNERS VIII LLC	NAME	MP Sports Cl	ub Holdina C	O LLC	<b>1</b> 0	
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CITY-ST-ZIP	1	$1 \vee X $		CITY-ST-ZIP	}				

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 elver or this lee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true limited liability company or the

SIGNATURE: SIGNATURE AND TYPED OF PRIN

IE OF SIGNING MANAGING MISUBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0500005870  1. Entity Name MILLENNIUM PARTNERS SPORTS CLUB MANAGEMENT LLC						ATTACHMENT					
Principal Place		Mailing Address	_								
	IUM PARTNERS Way, 3rd floor Y 10023	C/O MILLENNIUM PARTNERS 1995 Broadway, 3rd Floor New York, Ny 10023			1,444,744	# 6	W158	7 <i>†</i>			
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	<b>#,</b> etc.	Suite, Apt. #, etc.			02072007	Chg-LLC	CR2E08	3 (12/06)			
City & State	•	City & State			4. FEI Number 20-3650184			<del></del>	plied For t Applicable		
Zip	Country	Zip Country		try	5. Certificate of Status Desired   \$			5.00 Additional			
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Ag	ent			
	ORPORATE SERVICES, INC.										
9200 SOUT MIAMI, FL	TH DADELAND BLVD., SUITE 33156	508		Street Address (P.O. Box Number is Not Acceptable)							
				City		<del></del>	FL	Zip Code	e		
	named entity submits this statement for ons of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or bot	h, in the State of Flo	orida. I am fa	miliar with,	and accept		
SIGNATURE _	Signature, typed or printed name of registered agent	and title # applicable. (NOTE	: Registere	d Agent signature required	d when /sinstating)		DATE				
	ing Fee Is \$50.00 se by May 1, 2007				ļ		e check pa a Departme	-	•		
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ļ.	ADDITIONS	CHANGES	*	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLENIUM DEVELOPMENT PA 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10023			E ME MP P P P P P P P P P P P P P P P P	Sports Clu	b Holding C	OUC	<b>⊠</b> Change	Addition		
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11. I hereby of indicated timited tial	ertify that the information supplied wit on this report is true and accurate and pility company or the veceiver or this	h this filing does not qualify for I that my signature shall have be empowered to execute this	r the exe the sam report a	emptions contained e legal effect as if r s required by Chap	in Chapter 119, made under oath oter 608, Florida	Florida Statutes. I fi ; that I am a mana Statutes.	urther certify t ging member	hat the info or manage	rmation of the		
SIGNAT	URE:	OF SIGNING MANAGING MEMBER, MAN	NAGER, OF	R AUTHORIZED REPRES	ENTATIVE	Date	Da	ytime Phone #			