2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 15, 2007 8:00 am Secretary of State **DOCUMENT # M99000000227** 02-15-2007 90277 029 ****50 00 MILLENNIUM PARTNERS MANAGEMENT LLC Principal Place of Business Mailing Address 60015872 **%MILLENNIUM PARTNERS CORP COMPLIANCE %MILLENNIUM PARTNERS CORP COMPLIANCE** 1995 BROADWAY 1995 BROADWAY NEW YORK, NY 10023 NEW YORK, NY 10023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 13-3946388 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Delete TITLE 🔀 Change Addition TITLE NAME MDP MANAGEMENT; LLC NAME MDP Management I, LLC 1995 BROADWAY 47 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10023 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TETLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the sempowded to execute this report as required by Chapter 608. Florida Statutes. 11. I hereby certify that the information supplies indicated on this report is true and accurate and limited liability company or the receive ed to execute this report as required by Chapter 608, Florida Statutes.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

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DOCUMENT # M9900000227 1. Entity Name MILLENNIUM PARTNERS MANAGEMENT LLC Principal Place of Business Mailing Address Millennium Partners CORP COMPLIANCE 1995 BROADWAY Mailing Address Millennium Partners CORP COMPLIANCE 1995 BROADWAY						ATTACHMENT					
NEW YORK, N	Y 10023 ace of Business - No P.O. Box #	NEW YORK, NY 10023				ţ	#60	0/58	72		
Suite, Apt.		Suite, Apt. #, etc.				02072007					
City & State		City & State				02072007 4. FEI Numb	02072007 Chg-LLC CR2E083 (12/ 4. FEI Number			plied For	
Zip Country		Zip Country				13-3946388			\$5.00 Add	t Applicable	
				····			of Status Desired	<u> </u>	Fee Require		
Name and Address of Current Registered Agent				Name		7. Name and	Address of New R	legistered /	Agent		
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324	Stree			dress (i	ress (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	e	
	named entity submits this statement for ons of registered agent.	the purpose of changing its r	register	ed office or re	egister	ed agent, or bo	th, in the State of Fk	orida. I am i	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registere	d Agent tignsture	periuper	when reinstating)		DATE			
	ling Fee is \$50.00 ue by May 1, 2007							e check p a Departm	ayable to ent of Stat	0	
9.	MANAGING MEMBE	RS/MANAGERS	10,				ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS	MGR MDP MANAGEMENT, LLC 1995 BROADWAY	☐ Delete		NE (70P	Manage	ment I, L	_LC	🔼 Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEW YORK, NY 10023	☐ Delete	TITL						☐ Change	☐ Addition	
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TITLE HAME STREET ADDRESS CITY-ST-ZIP	N ~	☐ Defete	TITL NAM STRI	E					☐ Change	Additio	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the received of trustees. URE: SIGNATURE AND TYPED OR PRINTED TABLE DE	hat my signature shall have to empowered to execute this i	the sam report a	e legal effect s required by	t as if n y Chap	nade under oat ter 608, Florida	h; that I am a mana	ging membi			