


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M99000000227 1. Entity Name MILLENNIUM PARTNERS MANAGEMENT LLC	
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FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business %MILLENNIUM PARTNERS CORP COMPLIANCE 1995 BROADWAY NEW YORK, NY 10023	Mailing Address %MILLENNIUM PARTNERS CORP COMPLIANCE 1995 BROADWAY NEW YORK, NY 10023
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DO NOT WRITE IN THIS SPACE



07072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-3946388	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	U00000955320 07/16/08-80011-009 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MDP MANAGEMENT I, LLC 1995 BROADWAY NEW YORK, NY 10023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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