2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001745

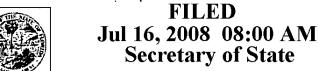
1. Entity Name

MILLENNIUM PARTNERS FLORIDA PROPERTY MANAGEMENT LLC

Principal Place of Business

% MILLENIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023 Mailing Address

% MILLENIUM PARTNERS 1995 Broadway New York, NY 10023





07072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4084099 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	tions of registered agent.	se of changing its registere	a onice or registered agent, or bi	orn, in the State of Florida. I am familiar w	iin, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applications are supplied to the supplied to	cable (NOTE: Registered	Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 In a liab	ccordance with s. 607.19 lility company did not rec	93(2)(b), F.S., the limited eive the prior notice.	000000955325 07/16/08-80011-014	138.75
9.	MANAGING MEMBERS/MANA	GERS			
TITLE	MGRM		•		
NAME	MILLENNIUM PARTNERS PROPERTY M.	ANAGEMENT LL		•	
STREET ADDRESS	1995 BROADWAY			•	
CITY-ST-ZIP	NEW YORK, NY 10023				
IIILE					•
NAME	,				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS			D0	NOT WOITE	
CITY-ST-ZIP			טע	NOT WRITE	
TITLE			INI '	THIS SPACE	
NAME			119	I MIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP					
TOTLE					
NAME					
CTREET ANDRECC					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, it 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CHY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED N

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #