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200f	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR

L. Entity Name  Mailing Address  Mailing		01111 011111 200			<u> </u>	<del></del> 1				
Principal Place of Business  We purposed Mailroy Address  See PFFFH AVEAUE. 19TH FLOOR  New YORK NY 1008  See PFFFH AVEAUE. 19TH FLOOR  New YORK NY 1008  See PFFFH AVEAUE. 19TH FLOOR  New YORK NY 1008  See Agr. etc.  City & States  City		1014747474	00001929							
**************************************	MILLENIA LAKES DEVELOPMENT COMPANY LLC						FILED			
2. Principal Pisce of Business	Principal Place of Business Mailing Address .					01	APR 27 PM	9: 22		
Suite, Apt. #, stot.    Suite, Apt. #, stot.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	522 FIFTH AVENUE, 19TH FLOOR		522 FIFTH AVENUE. 19TH FLOOR		SE TAL	ORETARY OF ST LAHASSEE, FL	TATE ORIDA			
City & State  Country  Country  Country  S. Cardilloate of Status Deaired  Set Required  Fee Require	Principal Place of Business     Address     Mailing Address				- I					
Signature   Sign	Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  C T CORPORATION SYSTEM 120c, SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  FL  Zip Code  City  Addition  Addition  Addition  Addition  Addition  Make  Siness Address  City Sity  Addition  City  C	City & State	9	City & State		4. FEI N		)	<u> </u>		
C T CORPORATION SYSTEM 120C, SOUTH PINE ISLAND ROAD PLANTATION FL 33324  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  PARAMAGING MEMBERS   10,000   11,0	Zip	Country	Zip	Coun	itry	5. Certif	ficate of Status Desired		\$5.00 Addi Fee Required	itional
CT CORPORATION SYSTEM  1200, SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City FL Zip Code  City FL Zi		6. Name and Address of Current	Registered Agent			7. Name	e and Address of New	Registered /	Agent	
200; SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City					Name					
RITE DOCASE STREET ADDRESS STREET AD	•	- '			Street Addres	ss (P.O. Box N	lumber is Not Acceptabl	e)	- <del></del> -	
8. The above named entity submits this statement for the purpose of changing its "egistered office or registered agent, or both, in the State of Florida.    SIGNATURE	120C <sub>7</sub> SOUTH PINE ISLAND ROAD				1		. · · · · · · · · · · · · · · · · · · ·			
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.    Signature   Signat	PLANTATIO	ON FL 33324			Oib.	<u>.</u>			Zin Code	
SIGNATURE	-					-	· -		- Zip 0000	
FILE N. W.!! FEE IS \$50.00  Make Check Pa / Abbit to Department of State  9.	8. The above	named entity submits this statement for	or the purpose of changing its	egister	ed office or regis	stered agent,	or both, in the State of F	orida.		
FILE N. W.!! FEEL IS \$50.00 Make Check Pa /able to Department of State  9.							•			
9. MANAGING MEMBERS   10. ADDITIONS/CHANGES   Addition   Make Check Park   MANE   MANE	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Registere	d Agent signature requ	ired when reinstati	ng)	DATE		
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		NEW YORK NY 10260-0023	this filing does not qualify fo			Section 119	07(3)(i), Florida Statutes	. I further ce	rtify that the ir	nformation

I nereby certify that the information supplied with this hilling does not qualify to the exemption state in section (1970-000), that I am a managing member or minimized liability company or the receiver or trustee empowered to execute this eport as required by Chapter 608, Florida Statutes.