

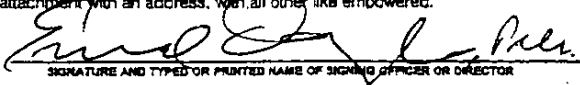


**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 019 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N03000005957			
1. Entity Name MILLENNIUM TOWER CONDOMINIUM HOTEL ASSOCIATION, INC.			
Principal Place of Business 1435 BRICKELL AVE MIAMI, FL 33131		Mailing Address 1435 BRICKELL AVE MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Act. #, etc.		Suite, Act. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BAUMERT, RICHARD 1435 BRICKELL AVE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Emanuel OrganeK Business Address (P.O. Box Number is Not Acceptable) 2255 Glades Road, Suite 234W City Boca Raton FL Zip 33431	
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: 		DATE: 2/7/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: BAUMERT, RICHARD STREET ADDRESS: 1995 BROADWAY CITY - ST - ZIP: NEW YORK, NY 10023 <input checked="" type="checkbox"/> Delete	TITLE: P NAME: EMANUEL ORGANEK STREET ADDRESS: 2255 Glades Road, Suite 234W CITY - ST - ZIP: Boca Raton, Fl 33431 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: SOTD NAME: BERGER, MARK STREET ADDRESS: 1995 BROADWAY CITY - ST - ZIP: NEW YORK, NY 10023 <input type="checkbox"/> Delete	TITLE: T NAME: GUSTAVO RIOJAS STREET ADDRESS: 1435 Brickell Avenue CITY - ST - ZIP: Miami, Fl 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: REGUEIRO, MARIA C STREET ADDRESS: 1435 BRICKELL AVE CITY - ST - ZIP: MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE: S NAME: MARIA CRISTINA REGUEIRO STREET ADDRESS: 1435 Brickell Avenue CITY - ST - ZIP: Miami, Fl 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: VP NAME: HACKER, MICHAEL STREET ADDRESS: 1995 BROADWAY CITY - ST - ZIP: NEW YORK, NY 10023 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LUCKEY, ASHAY STREET ADDRESS: 1995 BROADWAY CITY - ST - ZIP: NEW YORK, NY 10023 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 2/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40033958



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number 11-3696913 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Make check payable to Florida Department of State