
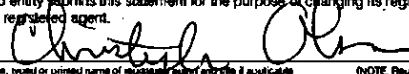
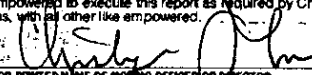


**2003. FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

0007400

<b>DOCUMENT # P01000119955</b>			
1. Entity Name <b>MILLENNIUM PROPERTIES OF SARASOTA COUNTY, INC.</b>			
Principal Place of Business 2523 S. SALFORD BOULEVARD NORTH PORT, FL 34287		Mailing Address 2523 S. SALFORD BOULEVARD NORTH PORT, FL 34287	
2. Principal Place of Business <b>1008 LAUREL AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1435 E. Venice Ave</b> Suite, Apt. #, etc. <b>Unit #152</b>	
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>	
Zip <b>34292</b>		Zip <b>34292</b>	
Country <b>Sarasota</b>		Country <b>Sarasota</b>	
4. FEI Number <b>65-1157850</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent <b>OLSSON, CHRISTOPHER</b> 2523 S. SALFORD BOULEVARD NORTH PORT, FL 34287		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> Zip Code	
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 <b>4/2/03</b>	
Signature, typed or printed name of registered agent if applicable		(NOTE: Registered Agent Signature required when re-registering)	
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 11	
TITLE <b>D</b>	NAME <b>OLSSON, CHRISTOPHER</b>	TITLE	NAME
STREET ADDRESS <b>1008 LAUREL AVENUE</b>	CITY-ST-ZIP <b>VENICE, FL 34292</b>	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 <b>4/3/03</b> (941) 485-0731	
Signature and typed or printed name of signing officer or director		Date	

CRREC04 (10/02)