

**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>	4. FEI Number <b>65-1157850</b>
Zip <b>34292</b>	Country <b>Sarasota</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 <u><i>Christopher Olson</i></u> <span style="float: right;"><b>4/2/03</b></span> <small>Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent Signature required when re-registering)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>OLSSON, CHRISTOPHER</b> STREET ADDRESS <b>1008 LAUREL AVENUE</b> CITY-ST-ZIP <b>VENICE, FL 34292</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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 <u><i>Christopher Olson</i></u> <span style="float: right;"><b>4/3/03</b></span> <small>Signature and typed or printed name of signing officer or director</small>		(941) 485-0731

CRREC04 (10/02)