

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000030136

1. Entity Name
MMB HOLDINGS, LLC



Principal Place of Business
 1625 WEST BERESFORD AVENUE
 DELAND, FL 32720

Mailing Address
 P.O. Box 3277
 Deland, FL 32721

2. Principal Place of Business
 1626 W. Beresford Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 3277
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
 Deland FL

City & State
 Deland FL

4. FEI Number
 16-1643458

Applied For
 Not Applicable

Zip
 32720

Country

Zip
 32721

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Mildred M. Brillante
 Street Address (P.O. Box Number is Not Acceptable)
 P.O. Box 3277 Deland, FL 32721
 1626 West Beresford Ave.
 City Deland FL Zip Code 32721

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 *Mildred Marilyn Brillante*

DATE 4-16-03

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to: Florida Department of State
 Due By: May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR BRILLANTE, MILDRED M TRUSTEE	1625 WEST BERESFORD AVENUE	DELAND, FL 32720	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR Brillante, Mildred M., Trustee	1626 W. Beresford Ave.	Deland, FL 32720	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 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 or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: *Mildred Marilyn Brillante*

DATE 4-16-03 (386) 734-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CR2E083 (10/02)