

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063909

FILED
Jul 10, 2007
Secretary of State

Entity Name: MLM INVESTMENTS, LLC

Current Principal Place of Business:

1110 BRICKELL AVE., SUITE 400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1110 BRICKELL AVE., SUITE 400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-3071789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUEKAPPA D & D INC.
13230 SW 144 TERRACE
MIAMI, FL 33186 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: 1110 BRICKELL OFFICE, LLC
Address: 1331 BRICKELL BAY DRIVE, SUITE 3103
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: DUEKAPPA D & D INC.,
Address: 13230 SW 144 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: MAGOKORO CORP.,
Address: 213 SE 1 ST
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: SAMI MAROUKY

MGRM

07/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date