


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90067 046 ****50.00

DOCUMENT # L0000002876 1. Entity Name MM INVESTMENTS LLC					
Principal Place of Business 14041 LAKE SARANAC AVENUE MIAMI LAKES, FL 33014			Mailing Address 14041 LAKE SARANAC AVENUE MIAMI LAKES, FL 33014		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-0985872	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ, MARIA 14041 LAKE SARANAC AVENUE MIAMI LAKES, FL 33014			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEREZ, MARIA		NAME	Orlando Garcia	
STREET ADDRESS	14041 LAKE SARANAC AVENUE		STREET ADDRESS	P.O. BOX 4651	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEREZ, MARIA		NAME	Aldo Perez	
STREET ADDRESS	14041 LAKE SARANAC AVENUE		STREET ADDRESS	P.O. BOX 4651	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Maira Garcia	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 4651	
CITY-ST-ZIP			CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 608, Florida Statutes.					
SIGNATURE: <u>Maria Perez</u>			<u>4-26-04</u> <u>305 620-2020</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		