

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State



DOCUMENT # L00000002876
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
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04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0985872	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

PEREZ, MARIA
14041 LAKE SARANAC AVENUE
MIAMI LAKES, FL 33014

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000356369
05/04/05-80032-016 50.00

**DO NOT WRITE
IN THIS SPACE**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, MARIA 14041 LAKE SARANAC AVENUE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ORLANDO PO BOX 4651 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ALDO PO BOX 4651 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MAIRA PO BOX 4651 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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: Maria Perez Maria Perez Director 4-27-05 305 6202020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #