


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90069 026 ****50.00

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**



2. Principal Place of Business
100 W 13 STREET

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4651

Suite, Apt. #, etc.

04242006 Chg-LLC CR2E083 (11/05)

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33010

Country
USA

Zip
33014

Country
USA

4. FEI Number
65-0985872

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
100 W. 13 STREET

City **Hialeah** FL Zip Code **33010**

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, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, MARIA	
STREET ADDRESS	14041 LAKE SARANAC AVENUE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, ORLANDO	
STREET ADDRESS	PO BOX 4651	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ALDO	
STREET ADDRESS	PO BOX 4651	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, MAIRA	
STREET ADDRESS	PO BOX 4651	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 4651	
CITY-ST-ZIP	Hialeah, FL 33014	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Maria Perez **MARIA PEREZ Dir.** **4-28-06** **3056202020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #