

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002876

Entity Name: MM INVESTMENTS LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

100 WEST 13 STREET
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4651
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 65-0985872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MARIA
100 WEST 13 STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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: D () Delete
Name: PEREZ, MARIA
Address: P.O. BOX 4651
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: GARCIA, ORLANDO
Address: PO BOX 4651
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: PEREZ, ALDO
Address: PO BOX 4651
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: GARCIA, MAIRA
Address: PO BOX 4651
City-St-Zip: HIALEAH, FL 33014

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA PEREZ

D

04/12/2007

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