

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT# L00000008102

1. Entity Name
MMTTRUST, L.L.C.



Principal Place of Business
317 STENNESSEE AVE
LAKE LAND, FL 33801

Mailing Address
P.O. BOX 829
LAKE LAND, FL 33801



01052004 No Chg-LLC

CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FE Number
59-3669211

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROIANO, D.A. TRUSTEE
317 STENNESSEE AVE
LAKE LAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent's signature required when registering)

Instating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
TROIANO, D.A. TRUSTEE
317 STENNESSEE AVE
LAKE LAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000002329
01/20/04-80058-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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 limited liability company or the receiver or trustee is empowered to execute this report as required by Chapter 608, Florida Statutes.

I am a managing member or manager of the
tes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/14/04

Date

(863) 686-7136

Daytime Phone #