
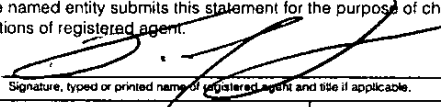
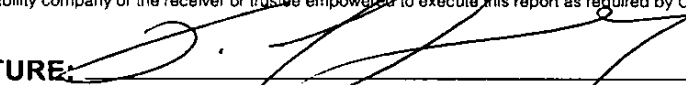


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90141 033 \*\*\*\*50.00

<b>DOCUMENT # L00000008102</b>					
<b>1. Entity Name</b> MMT TRUST, L.L.C.					
<b>Principal Place of Business</b> 317 S TENNESSEE AVE LAKE LAND, FL 33801			<b>Mailing Address</b> P.O. BOX 829 LAKE LAND, FL 33801		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3669211	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TROIANO, D.A. TRUSTEE 317 S TENNESSEE AVE LAKE LAND, FL 33801			<b>7. Name and Address of New Registered Agent</b>		
Name			Troiano, Victor J. Trustee		
Street Address (P.O. Box Number is Not Acceptable)			317 South Tennessee Ave.		
City			Lakeland FL Zip Code 33801		
<b>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.</b>					
<b>SIGNATURE</b> 				DATE 1/11/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> TROIANO, D.A. TRUSTEE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> MGR	<b>NAME</b> Troiano, Victor J. Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 317 S TENNESSEE AVE	LAKE LAND, FL 33801		<b>STREET ADDRESS</b> 317 South Tennessee Ave.	Lakeland, FL 33801	
<b>CITY- ST- ZIP</b>	LAKE LAND, FL 33801		<b>CITY- ST- ZIP</b>	Lakeland, FL 33801	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 				DATE 1/11/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # 813-686-7136	