## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L00000011492 1. Entity Name MMG GENERAL, L.L.C.

**FILED** Jan 09, 2008 08:00 AN Secretary of State

> 467- 493-1863

Daytime Phone #

Principal Place of Business Mailing Address



## DO NOT WRITE IN THIS SPACE

791 WETSTONE PLACE

SANFORD, FL 32771

01052008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For 59-3674707 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GREGORY, MICHAEL EDWARD 791 WETSTONE PLACE SANFORD, FL 32771

SIGNATURE:

791 WETSTONE PLACE SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

1/7/08

Date

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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		000000777987 01/10/08-80030-011 138.75	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGORY, MICHAEL EDWARD 536 TALL OAK TERRACE LONGWOOD, FL 32750		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN '	THIS SPACE
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 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 truetge empowered to execute this report as required by Chapter 608, Florida Statutes.			

<u>Aurmorizées</u>

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

WELLESY.