

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90084 026 \*\*\*\*50.00

**DOCUMENT # L00000012020**

1. Entity Name  
**MMPT, LLC**



Principal Place of Business  
**671 GOODLANE RD NORTH STE 130  
NAPLES FL 34102**

Mailing Address  
**671 GOODLANE RD NORTH STE 130  
NAPLES FL 34102**

2. Principal Place of Business

**671 Goodlette Rd. N., Ste 130**  
Suite, Apt. #, etc.

3. Mailing Address

**671 Goodlette Rd. N., Ste 130**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number **59-2402086**

Applied For  
Not Applicable

Zip **34102**

Country  
**USA**

Zip **34102**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, C. NEIL  
850 PARK SHORE DRIVE  
TRIANON CENTRE, THIRD FLOOR  
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS.

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
WILLIAMS, MARC EVAN  
671 GOODLANE RD NORTH STE 130  
NAPLES FL 34102** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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 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: [Signature] REQUIRED**

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

**01.15.03**

**239.262.7171**

Date Daytime Phone #

CR2E083 (10/02)