

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90013 021 ****55.00

DOCUMENT # L01000019481

1. Entity Name
CMM ENTERPRISES, L.L.C.



Principal Place of Business
162 ANCHOR DRIVE
VERO BEACH, FL 32963

Mailing Address
162 ANCHOR DRIVE
VERO BEACH, FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3753823

Applied For

Not Applicable

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

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CALDARONE, MARK P
STREET ADDRESS 369 ATLANTIC AVENUE
CITY-ST-ZIP COHASSET, MA 02025

TITLE ☒ Change ☐ Addition
NAME 6020 45th Place
STREET ADDRESS Vero Beach, FL 32967
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME AFP ENTERPRISES, INC.
STREET ADDRESS 162 ANCHOR DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

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

TITLE MGRM ☐ Delete
NAME CALDARONE, ANTHONY J
STREET ADDRESS 162 ANCHOR DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

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

TITLE V ☐ Delete
NAME CALDARONE, JOYCE P
STREET ADDRESS 162 ANCHOR DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

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

TITLE S ☐ Delete
NAME MAGEE, MARY H
STREET ADDRESS 43 W. FRONT ST., SUITE 15
CITY-ST-ZIP RED BANK, NJ 07701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mary H. Magee
MARY H. MAGEE

April 4, 2006

Secretary

(772) 231-1112

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

Date

Daytime Phone #