


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000019481 1. Entity Name CMM ENTERPRISES, L.L.C.	
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Principal Place of Business 162 ANCHOR DRIVE VERO BEACH, FL 32963	Mailing Address 162 ANCHOR DRIVE VERO BEACH, FL 32963
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03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3753823	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963

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 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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDARONE, MARK P 6020 45TH PL VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AFP ENTERPRISES, INC. 162 ANCHOR DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDARONE, ANTHONY J 162 ANCHOR DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALDARONE, JOYCE P 162 ANCHOR DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGEE, MARY H 43 W. FRONT ST., SUITE 15 RED BANK, NJ 07701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000680210 04/03/07-80069-013 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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** **3/21/07** **732)212-1280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #