2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019481

City-St-Zip:

RED BANK, NJ 07701

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

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 162 ANCHOR DRIVE VERO BEACH, FL 32963 **Current Mailing Address: New Mailing Address:** 162 ANCHOR DRIVE VERO BEACH, FL 32963 FEI Number: 59-3753823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FENNELL, TODD W 979 BEACHLAND BLVD US VERO BEACH, FL 32963 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CALDARONE, MARK P Name: Name: 6020 45TH PL Address: Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AFP ENTERPRISES, INC. Name: Name: Address: 162 ANCHOR DRIVE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CALDARONE, ANTHONY J Name: Name: Address: 162 ANCHOR DRIVE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: () Delete Title: Title: () Change () Addition Name: CALDARONE, JOYCE P Name: 162 ANCHOR DRIVE Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: () Change () Addition MAGEE, MARY H Name: Name: 43 W. FRONT ST., SUITE 15 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: MARY H. MAGEE S 03/18/2009