## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jan 05, 2007 08:00 AM Secretary of State

DOCUMENT # L02000010968 1. Entity Name RMM, L.L.C.				Secretary of Sta	
Principal Plac	ce of Business	Mailing Address	•		
2601 TECHI		P.O. BOX 2807			
ORLANDO, F	L 32804	ORLANDO, FL 32802			
• .	$(A_k)_{k \in \mathbb{N}} = \{ 1, \dots, k \in \mathbb{N} \mid k \in \mathbb{N} \mid k \in \mathbb{N} \}$	s '*			/
 		N TIUC CD	·or	01032007 No Chg-LLC	CR2E083 (11/05)
L	O NOT WRITE	IN THIS SPA	ACE	4. FEI Number 04-3665864	Applied For Not Applicable
		e e e e e e e e e e e e e e e e e e e	•	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Reg	sistered Agent		Samuel State of the Control of the C	3
MUNNS, RULON 2601 TECHNOLOGY DR.				DO NOT WR	ITE
ORLANDO, FL 32804		IN THIS SPACE			
				Committee to the second	e a company
8. The above the obliga	named entity submits this statement for the tions of registered agent.	e purpose of changing its regist	ered office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE.		·			•
	Signature, typed or printed name of registered agent and to	tile if applicable. (NOTE: Regist	lered Agent signature required	i when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS	/MANAGERS			
TITLE NAME	MGR MUNNS, RANIER		18 1 C	The second section is the second second	
STREET ADDRESS	2601 TECHNOLOGY DR.		Company of March 1994		
CITY-ST-ZIP	ORLANDO, FL 32804		and the second s		
TITLE	MGR	·· · · · · · · · · · · · · · · · · · ·		م ميونيد پير پير پير پير و و و	''''(''''''''''
NAME	MUNNS, RULON			U000005	/6917 2005-017 50.00
STREET ADDRESS CITY-ST-ZIP	2601 TECHNOLOGY DR.			> 01/62/01_Q(	3000-U11 30.UU
	ORLANDO, FL 32804	<u> </u>	<b>-</b>		
TITLE '					A STATE OF THE STA
STREET ADDRESS	[·			• •	
CITY OF 71D			At a second	- DO NOT WR	

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:

TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: Sulva JULE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407-578-1334

IN THIS SPACE

Date