


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90020 022 ****50.00

DOCUMENT # L02000033300 1. Entity Name MMR II, LLC	
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Principal Place of Business 1601 BELEVDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406	Mailing Address 1601 BELEVDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406
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DO NOT WRITE IN THIS SPACE



04202006No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4228117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL
1601 BELEVDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

**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.

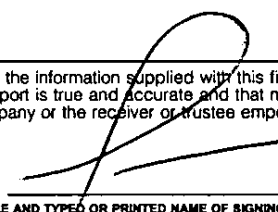
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METZ, JOHN C 1750 NORTH FLORIDA MANGO ROAD STE. 103 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, ARTHUR I 1601 BELVEDERE, SUITE 470S WEST PALM BEACH, FL 33406
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**DO NOT WRITE
IN THIS SPACE**

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:  **4-21-06** **561-684-2101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #