2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034737

t. Entity Name

MARKET MANGEMENT, LLC



FILED
Mar 28, 2006 08:00 AM
Secretary of State

Principal Place of Business

200 S KNOWLES AVENUE WINTER PARK, FL 32789

Mailing Address

200 S KNOWLES AVENUE WINTER PARK, FL 32789



02092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 73-1628586 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SARTSMAN, ROBERT PA 222 PENNSYLVANIA AVE., STE 200 WINTER PARK, FL 32789

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8. The above	named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both	n, in the State of Florida I am familiar with, and accept
"the obligation	tions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent end title (I applicable).	(NOTE: Registered Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		(1.0. F.) afficience When it and an a federate distriction missing M	H00000482770 04/11/06-80030-001 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEDROW, THOMAS 200 S KNOWLES AVE WINTER PARK, FL 32789		
DYLE NAME STRECT ADDRESS CHY-SI-ZIP			
TITLE NAME STREET AOURESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling 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 flustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE: ___

STREET ADDRESS CITY-ST-ZIP

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

7/24/9/

Daytime Phone #