2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000004570

1. Entity Name MMS AMERICA, LLC

Principal Place of Business

2001 PALM BEACH LAKES BLVD

WEST PALM BEACH, FL 33409

Mailing Address

2001 PALM BEACH LAKES BLVD

WEST PALM BEACH, FL 33409

FILED Apr 25, 2005 OF OCAMA Secretary of State



DO NOT WRITE IN THIS SPACE

04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0059123 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

US

VAN LEEUWEN, ADRIANA 2001 PALM BEACH LAKES BLVD

DO	NOT	WRITE
IN	THIS	SPACE

WEST PALM BEACH, FL 33409		JN	IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent) nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN LEEUWEN, ADRIANA 2001 PALM BEACH LAKES BLVD, # 303 WEST PALM BEACH, FL 33409		U00000329460 04/25/05-80119-008 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		And the state of t	-	

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: muanteennen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE