


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
Feb 22 2007 08:00 AM  
**ORIGINAL**  
Secretary of State

|  |   |
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| <b>DOCUMENT # L03000004570</b><br>1. Entity Name<br>MMS AMERICA, LLC |  |
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| Principal Place of Business<br>2001 PALM BEACH LAKES BLVD<br>303<br>WEST PALM BEACH, FL 33409 US | Mailing Address<br>2001 PALM BEACH LAKES BLVD<br>303<br>WEST PALM BEACH, FL 33409 US |
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02062007No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number<br>32-0059123                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

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| <b>6. Name and Address of Current Registered Agent</b><br><br>VAN LEEUWEN, ADRIANA<br>2001 PALM BEACH LAKES BLVD<br>303<br>WEST PALM BEACH, FL 33409 |
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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, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>VAN LEEUWEN, ADRIANA<br>2001 PALM BEACH LAKES BLVD, # 303<br>WEST PALM BEACH, FL 33409 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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|---|
| <p>U00000643640<br/>03/02/07-80010-017 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:** Ann Van Leeuwen 02-19-07 561-688-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #