2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# L03000007545

Entity Name: B.M.M., ENTERPRISES, LLC

Current Principal Place of Business:

101 VISION STREET
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1677
LAKE PLACID, FL 338621677

New Mailing Address:

FEI Number: 58-2674422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RILEY, ALEX CPA
8192 COLLEGE PARKWAY
SUITE 45
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BRANCH, FRANK JR
Address: P.O. BOX 1677
City-St-Zip: LAKE PLACID, FL 338621677

Title: MGRM ( ) Delete
Name: MCGAHEE, SELVIN
Address: P.O. BOX 1677
City-St-Zip: LAKE PLACID, FL 338621677

Title: MGRM ( ) Delete
Name: MCMINNS, NORMAN
Address: P.O. BOX 1677
City-St-Zip: LAKE PLACID, FL 338621677

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK BRANCH JR MGRM 01/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date