

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007545

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

FILED  
Apr 04, 2007  
Secretary of State

## 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

04/04/2007

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