


### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
May 02, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # L03000013871</b> <small>1. Entity Name</small> MMR, L.L.C	
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<small>Principal Place of Business</small> PO BOX 990 BRANDON, FL 33509-0990	<small>Mailing Address</small> PO BOX 990 BRANDON, FL 33509-0990
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**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-LLC CR2E083 (10/03)

<small>4. FEI Number</small> <b>NOT APPLICABLE</b>	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	<b>\$5.00</b> <small>Additional Fee Required</small>

8. Name and Address of Current Registered Agent

RAYMOND, J. PAUL  
825 COLRT STREET, STE. 200  
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

9. This annual report is submitted 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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

B. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM LAMONTE, NANCY C TRUSTEE 2116 OAK HILL DRIVE VALRICO, FL 335944613
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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05/04/05-80044-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 authorized to execute this report as required by Chapter 805, Florida Statutes.

**SIGNATURE:** *Nancy C. Raymond-Lamonte* **4/27/05** **813-689-0004**  
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #