/

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000015544

1. Entity Name

MMM WESTPOINT II, LLC

Principal Place of Business	Mailing Address
6820 LYINS TECH CIR #100 COCONUT CREEK, FL 33073	6820 LYINS TECH CIR #100 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
60-1034352	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
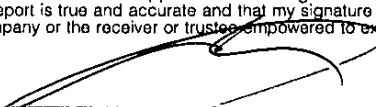6820 LYONS TECHCIR
#100
COCONUT CREEK, FL 33073

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IN THIS SPACE

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	MGR
NAME	BUTTERS, MALCOLM
STREET ADDRESS	6820 LYONS TECH CIR., #100
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/21/07-80005-025 50.00

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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: M. Butters   4/30/07   954 570-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #