2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# L03000028901

Entity Name: MML&W LLC

Current Principal Place of Business:

9320 HERON COVE DR.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

9320 HERON COVE DR.
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-0273767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOURNES, MARK F
9320 HERON COVE DR
WEST PALM BEACH, FL 33411 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	BOURNES, MARK F	
Address:	9320 HERON COVE DR	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	MGRM	( ) Delete
Name:	FRAIOLI, LOUIS W	
Address:	9289 HERON COVE DR	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	MGRM	( ) Delete
Name:	LADDAGA, MICHAEL	
Address:	9331 HERON COVE DR	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	MGRM	( ) Delete
Name:	CRAIG, WILLIAM L	
Address:	9335 HERON COVE DR	
City-St-Zip:	WEST PALM BEACH, FL 33411	

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:		
Title:	MGRM	(X) Change ( ) Addition
Name:	CRAIG, WILLIAM L	
Address:	9890 B ORCHID TREE TRL	
City-St-Zip:	BOYNTON BEACH BEACH, FL 33436	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM L. CRAIG CFO 01/08/2004

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