2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

DIVISION OF STATE **DOCUMENT # L04000011662** 1. Entity Name 05 SEP 23 AM 10: 03 JMMM, LLC Mailing Address Principal Place of Business 1800 W. INTERNATIONAL SPEEDWAY BOULEVARD 1800 W. INTERNATIONAL SPEEDWAY BOULEVARD **BUILDING 2, SUITE 201 BUILDING 2, SUITE 201** DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09222005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROTTY, KATHLEEN L. Street Address (P.O. Box Number is Not Acceptable) 1800 W. INTERNATIONAL SPEEDWAY BOULEVARD **BUILDING 2, SUITE 201** DAYTONA BEACH, FL 32114 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ■ Addition Change MGR Delete TITI F TITLE Managing Member SI Change Addition |
The Matt Creek Limited Partnership, LITD, LLLP MUNIER, MICHAEL A NAME NAME 45 Shadow Creek Way Ormond Beach, FL 32174 45 SHADOW CREEK WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL. 32174 CITY-ST-ZIP Change ☐ Addition MGR Delete TITLE Managing Member TITI F Joseph Mirante 1050 W. Granada Blvd. MIRANTE, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 150 RIVERSIDE DR CITY-ST-ZIP Ormond Beach, FL 32174 CITY-ST-7IP ORMOND BEACH, FL 32176 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE 800060502 NAME NAME 10/11/05--01071--003 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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