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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013752

1. Entity Name
MMM INVESTMENTS LLC

FILED
07 MAY 14 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04302007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2957 W. S.R. 434 SUITE 100 LONGWOOD, FL 32779	2957 W. S.R. 434 SUITE 100 LONGWOOD, FL 32779

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1525 INTERNATIONA PKWY	1525 INTERNATIONAL PKWY
Suite, Apt. #, etc. 3001	Suite, Apt. #, etc 3001
City & State Heathrow Fl.	City & State Heathrow Fl.
Zip 32746 Country Seminole	Zip 32746 Country Seminole

4. FEI Number 20-1393488 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MODARRES, MARK M 5271 VISA CLUB RUN LAKE FOREST, FL 32771	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MODARRES, MARK M 5271 VISTA CLUB RUN LAKE FOREST, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100103587691 05/31/07--01007--003 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4-30-07 (407) 444-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #