2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

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DOCUMENT # L04000013752 1. Entity Name					,	j	=11 c-	1 2nna
MMM INVESTMENTS LLC						08 APR	FILED -I AM	11.1.0
Principal Place of Business Mailing Address							* 17 1	11.49
1525 INTER	NATIONAL PKWY	-	1525 INTERNATIONAL PKWY			IALI AIL	双工 饼 多	STATE
#3001 HEATHROW FL 32746		#3001			I INDICATA EN ERRI ENTRE ERRI E	TIN İĞİN BRİLLIYA	ini ifi film fili	III III III A
HEATHKOW	FL 32/46	HEATHROW FL 32746						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			i liii ili iii iliii i iibbe	ALLIA SUUURI MILIIN 110	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083	(10/07)	•
City & State		City & State	City & State		4. FEI Number 20-13934	88		plied For t Applicable
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of Nev	v Registered A	gent	
	240000 440004			Name 				
MODARRES, MARK M 5271 VISA CLUB RUN LAKE FOREST FL 32771				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code	e
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing i	its register	ed office or register	red agent, or both, fri the State of	Florida. I am f	amiliar with,	and accept
SIGNATURE								
Signature, typed or conted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature Control								
FILE NOW!!! FEE IS \$138.75								
After May 1, 2008, Fee Will Be \$538 Make Check Payable to Florida Department					31 (42)(01 413)(01 10)			
9.	MANAGING MEMB	ERS/MANAGERS	10.	and the beauty and the set of the	ADDITION	S/CHANGES		·
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NAME	MODARRES, MARK M		NAMI				,	
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CITY-ST-ZIP	LAKE FOREST FL 32771		CITY	-ST-ZiP				
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11. I hereby	L. certify that the information supplied w	ith this filing does not qualify	•		ed in Section 119. Florida Statute	s. I further cert	ilv that the in	nformation
indicated	on this report is true and accurate ar bility company or the receiver or trus	nd that my signature shall ha	eve the sai	me legal ettect as	if made under path; that Lam a	managing men	ber or mana	ager of the

SIGNATURE: 3-11-48 (407)444-990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Description: