

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000017256

1. Entity Name  
M & MG VENTURES, LLC



Principal Place of Business  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

Mailing Address  
P.O. BOX 5651  
LIGHTHOUSE POINT, FL 33074-5651

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
*173-1696799*  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	
SANDLIN, PATRICIA L 1600 HIGHWAY 70 EAST OKEECHOBEE, FL 34974		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDLIN, ROBERT A P.O. BOX 5651 LIGHTHOUSE POINT, FL 330745651	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDLIN, PATRICIA L P.O. BOX 5651 LIGHTHOUSE POINT, FL 330745651	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Patricia L. Sandlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-7-05

954-788-3998

Date

Daytime Phone #