


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 006 ****50.00

DOCUMENT # L0400002552	
1. Entity Name M & M HOLDINGS, LLC	

Principal Place of Business 815 NW 57 AVENUE 202 MIAMI, FL 33126 US	Mailing Address 815 NW 57 AVENUE 202 MIAMI, FL 33126 US
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2. Principal Place of Business - No P.O. Box # 3001 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 101 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 3001 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 101 City & State Coral Gables, FL Zip 33134 Country USA
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07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3194597	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDINA, RAUL 815 NW 57 AVENUE 202 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, RAUL 815 NW 57 AVENUE, SUITE 202 MIAMI, FL 33126 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #