


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000040933  
 1. Entity Name  
 MMI AND DAUGHTERS, LLC



Principal Place of Business      Mailing Address  
 421 PALM AVENUE                      PO BOX 31  
 BOCA GRANDE, FL 33921              BOCA GRANDE, FL 33921

**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1190065	Applied For Not Applicable
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5. Certificate of Status Desired        \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALLEY & INGRAM, P.A.  
 421 PALM AVENUE  
 BOCA GRANDE, FL 33921

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGRAM, MICHAEL 421 PALM AVENUE BOCA GRANDE, FL 33921
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 04/28/06-80042-013 50.00

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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: *Michael Ingram*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #