

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049573

Entity Name: MTM ENTERPRISES LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

1710 LOCHSHYRE LOOP
OCOE, FL 34761 US

New Principal Place of Business:

8031 LESIA CIRCLE
ORLANDO, FL 328355355 US

Current Mailing Address:

P.O. BOX 1029
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 20-1324174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MADDOX, KAREN C
1710 LOCHSHYRE LOOP
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MADDOX, KAREN C
Address: 1710 LOCHSHYRE LOOP
City-St-Zip: OCOE, FL 34761 US

Title: MGR () Delete
Name: MARTINEZ, NELSON E
Address: 8031 LESIA CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR (X) Delete
Name: THEOBALD, CLARKE A
Address: 1423 CARRIAGE OAK CT
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN C. MADDOX

MGR

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date