

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074265

Entity Name: FMM 1, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

2389 KING TERRACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2389 KING TERRACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-1746875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MGRM () Delete
Name: MAUCK REAL ESTATE HO, LDINGS, INC.
Address: 2389 KING TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: PAPPER, FRANK L
Address: 4667 ISLAND REEF DRIVE
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM () Delete
Name: HARLAND, MARTIN
Address: 14303 DRAFT HORSE LANE
City-St-Zip: WELLINGTON, FL 33414

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: MICHAEL MAUCK/MAUCK REAL ESTATE HOLDINGS

PRES

01/09/2006

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