

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005709

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MMRB INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

13517 E. 90TH STREET NORTH  
OWASSO, OK 74055

**New Principal Place of Business:**

10019 N. KENTALLEN  
OWASSO, OK 74055

**Current Mailing Address:**

13517 E. 90TH STREET NORTH  
OWASSO, OK 74055

**New Mailing Address:**

10019 N. KENTALLEN  
OWASSO, OK 74055

**FEI Number:** 20-2353147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALSOP, C. ROYCE  
889 SWAN DRIVE  
MARCO ISLAND, FL 34145 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  
Name: SCORSONE, MARC A  
Address: 10019 N. KENTALLEN  
City-St-Zip: OWASSO, OK 74055

Title: MGRM  
Name: SCORSONE, MICHELLE L  
Address: 10019 N. KENTALLEN  
City-St-Zip: OWASSO, OK 74055

Title: MGRM  
Name: ALSOP, C. ROYCE  
Address: 889 SWAN DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM  
Name: ALSOP, BARBARA G  
Address: 889 SWAN DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby 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: MARC A. SCORSONE

MGRM

04/25/2011

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