

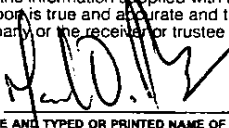


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009197 1. Entity Name MMG INVESTMENTS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 18 AM 9:43	
Principal Place of Business 25 S.E. 2ND AVENUE STE. 1235 MIAMI, FL 33131				Mailing Address 25 S.E. 2ND AVENUE STE. 1235 MIAMI, FL 33131			
2. Principal Place of Business		3. Mailing Address 55 N.W. 108TH TERRACE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08052006 Chg-LLC CR2E083 (11/05)			
City & State		City & State PLANTATION, FL		4. FEI Number 16-1726513			
Zip		Country		Zip 33324		Country BROWARD	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SANTOS, MAURO C ESQ 25 S.E. 2ND AVENUE STE. 1235 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGR NAME MANUEL O. PEGADO <input type="checkbox"/> Delete STREET ADDRESS 55 N.W. 108TH TERRACE CITY-ST-ZIP PLANTATION, FL 33324				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
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:  MANUEL PEGADO 8-14-06 (954) 424-7362 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							