

**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

[Signature]



08052006 Chg-LLC CR2E083 (11/05)

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.

City & State

City & State

PLANTATION, FL

Zip

Country

Zip

33324 BROWARD

4. FEI Number

16-1726513

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

SANTOS, MAURO C ESQ
25 S.E. 2ND AVENUE STE. 1235
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 *MGL* NAME *MANUEL O. PEGADO* Delete
NAME *55 N.W. 108th TERRACE*
STREET ADDRESS *PLANTATION, FL 33324*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Mano M. Pegado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-14-06 (954)424-7362

Date

Daytime Phone #