2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

Apr 10, 2008 08:00 All Secretary of State **DOCUMENT # L05000021396** 1. Entity Name MMS & CO., LLC Principal Place of Business Mailing Address 1507 BIRKDALE LANE, SUITE 101 1507 BIRKDALE LANE, SUITE 101 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2555978 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent SCEIZO, MARGARET MARY DO NOT WRITE 1507 BIRKDALE LANE PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 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, typed or profiled name of registered agent and title if explicitly FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE SCEIZO, MARGARET MARY NALIF STREET ADDRESS 1507 BIRKDALE LANE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

SIGNATURE:

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

OND

Dayting Proces 9

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.