2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031161

Entity Name: M.M.M. L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
SHIRLEY SCHOENBERGER 910 LOTUS VISTA DR SUITE 301 ALTAMONTE SPRINGS, FL 32714	SHIRLEY SCHOENBERGER 1152 BELLA VISTA CIR LONGWOOD, FL 32779

Current Mailing Address:	**New Mailing Address:**
SHIRLEY SCHOENBERGER 910 LOTUS VISTA DR SUITE 301 ALTAMONTE SPRINGS, FL 32714	SHIRLEY SCHOENBERGER 1152 BELLA VISTA CIR LONGWOOD, FL 32779

FEI Number: 20-2491975   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SCHOENBERGER, SHIRLEY 910 LOTUS VISTA DR SUITE 301 ALTAMONTE SPRINGS, FL 32714 US	SCHOENBERGER, SHIRLEY 1152 BELLA VISTA CIR LONGWOOD, FL 32779 US

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: _____   01/04/2012 _____
              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ANTONIO & IRENE MUFFI
Address: 8941 LAKE MABEL DR.
City-St-Zip: ORLANDO, FL 32836

Title: MGRM
Name: MUFFI, DORA F
Address: 7409 MEGAN ELISSA LN.
City-St-Zip: ORLANDO, FL 32819

Title: MGRM
Name: NUNEZ, PETER
Address: 7681 HIGH PINE RD
City-St-Zip: ORLANDO, FL 32819

Title: MGR
Name: SCHOENBERGER, SHIRLEY
Address: 1152 BELLA VISTA CIR
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM
Name: SHANKEY, JOHN
Address: 8830 SPYGLASS LOOP
City-St-Zip: CLERMONT, FL 34711

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 Statues.

SIGNATURE: SHIRLEY SCHOENBERGER   MGN   01/04/2012 _____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date