

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-06-2006 90300 043 ****50.00

DOCUMENT # L05000040144	
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Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01162006 Clq-LLC CR2F081011051

4. FFL Number
47-0953317

5. Certificate Fee ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box is not acceptable)
City
State

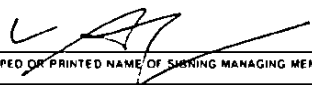
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and thereby is relieved of the obligations of registered agent

SIGNATURE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM Greenfield, William R 2300 Glades Rd, Ste 100E Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided in Chapter 605, Florida Statutes. I have read and understand 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. I am a member, manager, or authorized representative of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:  **William R. Greenfield** **3/23/06** **561-392-6662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/6/2006-90300-043-\$50.00-\$50.00

ATTACHMENT

DOCUMENT # L05000040144

1. Entity Name
MMP EQUITY, LLC



Principal Place of Business
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

Mailing Address
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

30009469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
47-0953317

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, WILLIAM R
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

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

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

IF 011: Registered Agent Signature Required (Form 1100)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Change ☐ Addition

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CITY, ST, ZIP ☐ Delete

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:

[Signature]

William R. Greenfield

3/23/06

561-392-6662

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