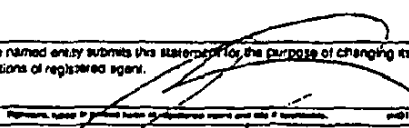
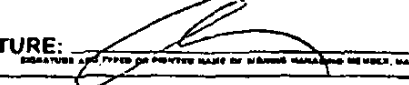


FILED
Aug 21, 2006 8:00 am
Secretary of State

05-02-2006 90039 004 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000048365			
1. Entity Name MMM BROKEN SOUND II, LLC			
Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442		Mailing Address 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL Zip 33073 Country USA		3. Mailing Address 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL Zip 33073 Country USA	
4. FEI Number 03-0561690		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Malcolm Butters Street Address (P.O. Box Number is Not Acceptable) 6820 LYONS TECHNOLOGY CIRCLE #100 City COCONUT CREEK State FL Zip Code 33073	
9. 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  M. BUTTERS		04/28/06	
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
10. MANAGING MEMBERS/MANAGERS			
11. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073		6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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:  M. BUTTERS		04/28/06 954-570-8111	